

MISSOURI

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Missouri Board of Nursing Urges Nurses to Join State's Recently-launched Online Health Professionals Registry

The state of Missouri recently launched an online version of the Missouri Health Professionals Registry, and the Missouri Board of Nursing is encouraging all nurses who practice in the state to join the registry today.

"Nursing is a profession of dedicated individuals who want to serve others in a wide variety of health care settings," says Aubrey Moncrief, CRNA, president of the Missouri Board of Nursing. "To better recognize nurses' enormous contribution to the health care landscape in Missouri, I encourage all nurses to join this registry, giving the state a better idea of where we practice and how we are contributing."

The Missouri Health Professionals Registry

MissouriHealthProfessionalsRegistry.org was developed by the Missouri Department of Health and Senior Services to help the state better meet the health care needs of all Missouri residents. It will inform public officials about where nursing and other health professionals are practicing in Missouri today and where the need will be tomorrow. (Physicians and dentists are also being asked to join the registry now, and soon the call will go out to all other licensed health professionals).

Registration will provide short- and long-term benefits to Missouri patients and the nurses who care for them. The data will:

- Help elevate nursing as a profession by highlighting nurses' contributions to Missouri patients and the state's overall health care needs.
- Reveal education and resource needs of Missouri nurses so that they can continue to grow in their careers.
- Serve as an excellent planning tool that can help employers launch effective recruiting and retention programs.
- Offer insight into shortage areas.

Although similar information has been provided in the past, the new online format of the registry allows for fast and easy data collection and aggregation; it's pre-populated by the nursing license information. As always, your information will be treated confidentially and will not be shared. Data cannot be individualized as the state will use aggregated census data solely for research and planning.

Registration is easy and takes only 10 minutes. Nurses should go to MissouriHealthProfessionalsRegistry.org, enter their license number and they will be directed to a brief data entry page to input demographic and employment information.

For more information, call the Missouri Department of Health and Senior Services at 1-800-891-7415.

Executive Director's Report

Legislative Update

Authored by Lori Scheidt, Executive Director

Review of Charts by Collaborating Physician

House Bill 1563 was passed. The current law for collaborative practice agreements requires that the collaborating physician review 10% of the charts documenting the APRN's delivery of health care services and 20% of the charts in which the APRN prescribed controlled substances.

This bill clarifies that any physician in a collaborative practice agreement with an APRN can review a total of 10% of the APRN's charts or 20% of the charts in which controlled substances were prescribed by the APRN as long as the physician is so designated in the collaborative practice agreement.

This bill was signed by the Governor on July 12, 2012. The change to the law will go into effect August 28, 2012.

Diagnosis and Treatment of Chronic Pain

Senate Bill 682 was passed. This act mandates that only licensed physicians may use certain techniques in diagnosing or treating chronic pain or pain occurring outside of a surgical, obstetrical, or post-operative course of care. Such techniques limited to licensed physicians are ablation of nerves, placement of drugs in the spinal column under fluoroscopic guidance, discectomy, and placement intrathecal infusion pumps or spinal cord stimulators.

The act will not apply to inter-laminar lumbar epidural injections performed at a hospital or ambulatory surgery center if the standard of care for Medicare reimbursement is changed to allow reimbursement only with use of image guidance after the effective date of the act. This act will not apply to certified registered nurse anesthetists or anesthesiologist assistants providing surgical, obstetrical, or post-operative pain control.

The bill also allows the Board of Registration for the Healing Arts to promulgate rules to implement the provisions of this act. The provisions of this act will expire August 28, 2016, unless reauthorized by an act of the General Assembly.

This bill was signed by the Governor on June 18, 2012. The change to the law will go into effect August 28, 2012.

Last Minute License Renewals

LPN licenses expire May 31st of every even-numbered year. We mailed renewal postcards the first week in March.

Despite our best attempts to urge LPNs to renew early, we still had a record number of LPNs renewing late. A record 1,029 LPNs renewed between May 30, 2012 and June 7, 2012. On May 31, 2012, one-hundred and eighty-five (185) LPNs came to our office in Jefferson City to renew. Many of these nurses had their renewal postcard in hand, meaning, the nurse received the initial renewal notification that was mailed in early March.

Legislative Update continued on page 2

current resident or



Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (<i>MoSALPN</i>)	573-636-5659
Missouri Nurses Association (<i>MONA</i>)	573-636-4623
Missouri League for Nursing (<i>MLN</i>)	573-635-5355
Missouri Hospital Association (<i>MHA</i>)	573-893-3700

Legislative Update continued from page 1

Those who renewed in person expected to be renewed on the spot. That is not possible with our current system. We publicized early that licenses needed to be renewed by May 25, 2012.

I thought I would share some interesting comments heard from nurses who renewed very late.

"I got on the ball ahead of time." This person did not submit a renewal until May 29, 2012.

"My employer waited until yesterday to tell me I had to renew my license by today." This was stated on May 31, 2012 when the person came to our office to renew.

"I drive to Jeff City every year on the last day and renew, it is the only time my employer will let me off work. It is like a mini-vacation for me."

"My license doesn't really expire May 31st, does it?"

"I always wait to the last day because my employer will let me work as long as I bring a receipt to show that I paid."

"My ex-husband keeps any of my mail that he thinks is important to me."

"I was on vacation for the last two weeks and there was nothing I could do from the ship."

"The post office has my correct address."

"I thought the post card was junk mail and threw it away; I remember receiving it."

"My co-workers kept this from me because they are trying to get me fired."

"I have six boys and I never get any of my mail."

"The fee is too high and I didn't have any money."

"My computer crashed."

"My husband will not drive me there to renew."

"I waited till the last day because I had a grace period the last time I renewed."

As funny as it may seem, we did actually have a couple of nurses who reported their dog ate their renewal postcard.

We all have responsibilities that tug at us in different directions; career, children, relationships, aging parents, and household chores, to name a few. But, there is a big cost to procrastination; both psychological from the stress and financial from lost wages.

Don't procrastinate and put your license at risk. Renew your license the minute you get your renewal postcard in

the mail. There is no grace period during which you can practice beyond the expiration date. Set a reminder for about two months prior to your license expiration date on your cell phone, email or whatever reminder systems you have in place. If you haven't renewed when that reminder is displayed, contact the Board of Nursing office to get renewal instructions.

Reminder about License Cards

Although license cards have historically been perceived as "proof" of licensure, the fact is that wallet cards are subject to fraud, loss, and theft. Additionally, there is an assumption that the card carrier's license status is current as it reads on the card. In fact, the information could be up to two years old. Implementation of the nurse licensure compact added another element—whether the person has a multistate or single state license. Relying on a license card puts the public at risk and puts employers at risk for civil penalties and other sanctions.

On January 1, 2010 Missouri eliminated license cards for regular license renewals. A license card is only issued upon initial licensure in Missouri (by exam or endorsement). The initial card does NOT have an expiration date or multistate or single state license status. It contains the nurse's name, profession and license number. Nurses and employers should go to www.nursys.com to verify multistate or single state license status, discipline and expiration date.

Eliminating the issuance of license cards for renewals benefits the Board, licensees, employers and the public.

- Assists employers in satisfying Joint Commission standards requiring use of primary source data for license verifications.
- Provides quicker access by employers to disciplinary actions taken by the Board.
- Eliminates lost, stolen and duplicate licenses.
- Eliminates imposters using fraudulent licenses.
- Increases the efficiency of licensure, investigative/monitoring and legal proceedings staff in license related functions.
- Licensure verification is available free 24/7 at www.nursys.com
- Reduces Board expenses by an estimated at \$148,000 after 2012.
- Reduces paper—going green!

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Number of Nurses Currently Licensed in the State of Missouri

Profession	Number
Licensed Practical Nurse	22,621
Registered Professional Nurse	95,769
Total	118,390



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NCSBN Award Ceremony to Honor Outstanding Nurse Regulators

Chicago–The National Council of State Boards of Nursing (NCSBN) will recognize its dedicated and exceptional membership and guests at its annual awards ceremony during the NCSBN Annual Meeting and Delegate Assembly, to be held in Dallas, Aug. 8-10, 2012.

Specific award recipients include:

Sandra Evans, MAEd, RN, executive director, Idaho Board of Nursing, will be honored with the prestigious R. Louise McManus Award. Individuals receiving this award have made sustained and lasting significant contributions through their deep commitment and dedication to the purposes and mission of NCSBN.

Debra Scott, MSN, RN, FRE, executive director, Nevada State Board of Nursing, will receive the Meritorious Service Award, which is presented to a board or staff member of a member board for positive impact and significant contributions to the purposes of NCSBN.

Julia Gould, MS, RN, board staff, Georgia Board of Nursing, and **Sue Petula**, PhD, RN, NEA-BC, board staff, Pennsylvania State Board of Nursing, will each receive the Exceptional Contribution Award, which is given for significant contribution by a board of nursing (BON) staff member who does not serve as an executive officer or a board member who is not the current board president.

The **Missouri State Board of Nursing** will be awarded the Regulatory Achievement Award that recognizes the member board that has made an identifiable, significant contribution to the purpose of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

In addition, service awards will be given to the following executive officers of BONs:

Five Years

- Patricia Ann Noble, MSN, RN, executive director, Maryland Board of Nursing
- Nancy Sanders, PhD, RN, executive administrator, Alaska Board of Nursing

10 Years

- Gloria Damgaard, MS, RN, FRE, executive secretary, South Dakota Board of Nursing
- Jay Douglas, MSM, RN, CSAC, executive director, Virginia Board of Nursing
- Laurette Keiser, MSN, RN, executive secretary/section chief, Pennsylvania State Board of Nursing
- Karen Scipio-Skinner, MSN, RN, executive director, District of Columbia Board of Nursing
- Debra Scott, MSN, RN, FRE, executive director, Nevada State Board of Nursing

The following BONs are celebrating **100 years** of nursing regulation in 2012:

- College of Registered Nurses of British Columbia
- Louisiana State Board of Nursing
- Rhode Island Board of Nurse Registration and Nursing Education

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories–American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also nine associate members.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

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* U.S. Department of Health and Human Services, Health Resources and Services Administration, 2008

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NCSBN Launches New NCLEX Video

Chicago–The National Council of State Boards of Nursing (NCSBN) created a new video designed to help candidates better understand how the NCLEX-RN Examination and NCLEX-PN Examination use computerized adaptive testing (CAT) to measure the competencies needed to perform safely and effectively as a newly licensed, entry-level nurse.

In 1994, NCSBN became the first organization to use CAT, a method for administering exams that merges computer technology with modern measurement theory. CAT increases the efficiency of the exam process for the purpose of nationwide licensure examinations. Nursing is regulated because it is one of the health professions that poses a risk of harm to the public if practiced by someone who is unprepared; that is why NCLEX exams are vital components in the licensure process.

The new “NCLEX Using CAT” video explains why CAT is used for the NCLEX and how it works. Utilizing the familiar scenario of lifting weights to illustrate the principles behind CAT, the video introduces how the exam is scored, how test items are selected and pass/fail rules.

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Technology and Safe Nursing Practice

Authored by Debra Funk, RN; Practice Administrator and Janet Wolken, MBA, RN; Discipline Administrator

Technology should enhance safe nursing practice. However, we have seen some cases that cause us to question the interface between nursing practice and technology. It may be a situation where a nurse has gotten too comfortable with some aspects of their practice. Perhaps facilities are too rigid in their expectations of employees.

Prior to electronic documentation, employers did not know when a nurse removed a medication from a drawer and they did not know the actual time of administration. For example, if a nurse had eight patients and each patient had five medications that were due to be administered at 0800, in reality it was known that each of the forty medications was not given at exactly 0800; however that is how the nurse documented it. The MAR had the time 0800 and the nurse initialed that time. She may have actually given some of the medications at 0745 and some at 0830. Now the employer knows exactly when the medication is removed from the automated dispensing machine and exactly when the patient’s wrist band is scanned to document the actual administration time to the second. Not only can the employer know this, they are actually pulling those electronic records and running reports. They can compare the removal time to the administration time and wonder why it took so long to administer a medication or why it took so long to waste the excess medication.

With paper charting, the employer didn’t know if the nurse carried her flow sheets with her and filled them in as the assessment was completed or if the nurse sat down during a quiet time and charted the 0800, 1000, and 1200 assessments at the same time. Current employers know exactly when you document the assessment. Does the facility policy indicate that you are to document the assessment within a certain time frame of completion? If it does, the employer can and does run a report to see if the employee is following the time frame policy. Every time a record is entered, a time is documented by the computer.

Following this same thought, in the days of paper charting if your neighbor was in the hospital and you sat at the nurses’ station and reviewed the chart, no one knew. Now if you enter the electronic record, the record reflects that you entered it and exactly what screens you read. If you are not providing direct patient care to that neighbor, even if the neighbor is on the same floor where you are taking care of patients, and the neighbor has requested you look at the chart, you have probably violated a HIPAA policy of your facility. This report can be run at anytime and the nurse can be disciplined by the employer for violation of a facility policy and/or HIPAA laws even if the nurse did not tell a single person what they had viewed on that chart.

Working in home health provides its own electronic challenges. Many agencies have the nurse telephonically check in and out at each home visit. We would encourage

your documentation to reflect the time that you check in and out. Do not round your time off or up. Every visit does not start at exactly 1400 and end at exactly 1430. If a visit starts at 1405 then document it as such. If a patient is out of the home at a doctor visit when you arrive, document that information. If a patient said they just returned from a doctor visit document what the patient tells you about that visit. If another health care professional is also in the home, a therapist or aide, then document their presence. If a patient is admitted to a hospital, normally the home health nurse will not be reimbursed to make a visit at the hospital, as the patient has nursing care in the hospital. Just because the patient is in the home does not mean that the nurse’s documentation should be less detailed. Document the visit in depth; have the proper person sign the visit sheet; and turn the paper work in on time. A home health patient deserves the same continuity of care as a patient in a facility. If you didn’t document it, you didn’t do it. If you billed for it and you didn’t document it then you could be charged with fraudulent billing and falsification of records.

Employers, keep in mind that health care workers are human, and as such will make mistakes. If you haven’t already, incorporate “just culture” principles into your policies. You can’t expect nurses to be perfect. You need to identify those areas where your systems and humans are vulnerable and work to improve reliability in those areas. Be careful not to be so rigid that the employee is set up to fail.

We would encourage every nurse and facility to review the facility policy on documentation.

Keep your personal electronic equipment personal. Do not use your own device to access Facebook or other social networking sites while at work, if you check in or post new information, your employer knows that you were on Facebook during business time. Be careful of the content that you are posting. Current and future employers are checking Facebook pages for behavior issues and HIPAA violations.

Be sure you know the facility texting policy. It may be a facility policy violation to text during working hours. A violation could lead to discipline by your employer. An employer may allow a few messages with your children or significant other, but you should not neglect patient care or other duties that your employer requires you to do.

Do not charge your electronic device by plugging it into a work or patient’s computer. In some cases all of your personal pictures or other personal information may be transferred to the other computer. Do not take a picture of a patient; it is a violation of the patient’s privacy, even if you do not share it with anyone.

In conclusion, know facility policy. Be aware that new technology may make your job easier but every time you use it, you leave a trace, often called a digital footprint. Your digital footprint is like a map of everywhere you have been, every image or comment you have posted, and every file you have downloaded or viewed. Technology is great, but you need to take some care about how you use it.

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Licensure Corner

*Authored by Angie Morice
Licensing Administrator*

Licensed Practical Nurse Renewals

LPN licenses expired May 31, 2012. If you have been practicing on a lapsed LPN license, you must stop practicing immediately and submit a LPN Petition for License Renewal. This form is found at www.pr.mo.gov/nursing.asp under the link "Licensure Information and Forms. The fee to renew a lapsed LPN license is \$32.00 for the renewal and a \$50.00 lapsed fee for a total of \$82.00. If you have been practicing on a lapsed LPN license you will also have to submit stop working statements from both you and your employer with your renewal form.

Stop working statements include a notarized statement from you and a statement from your employer. Your notarized statement must include the following information:

- How you discovered that your license was not current;
- Date you discovered your license was not current;
- Date you notified your employer that you could not practice nursing;
- Date you ceased nursing practice; and,
- Confirmation that you will not resume employment in a nursing position until your license is renewed.

The statement from your employer must be on letterhead and include:

- Date employer received notification that your license was not current;
- Date employer removed you from a nursing position; and,
- Confirmation that you will not be allowed to resume a nursing position until your license is renewed.

You will also be required to complete a criminal history background check prior to the renewal of your license. Directions on how to complete the background check are on the form.

No New License Cards Issued With Renewals

New license cards are no longer issued after every renewal. You will continue to use the last license card that was issued to you. License cards no longer have an

expiration date on them. Therefore, it will be necessary for you and your employer to go to www.nursys.com to verify the status of your license and whether it is a multi-state or single state license.

324.010 No Delinquent Taxes, Condition for Renewal of Certain Professional Licenses

All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. If your license is suspended for state income tax, you must stop practicing as a nurse immediately and you can not return to nursing practice until your license is active again. If you have any questions, you may contact the Department of Revenue at 573-751-7200.

Name and address changes

Please notify our office of any name and/or address changes immediately in writing. The request must include your name, license number, your name and/or address change and your signature. An address/name change form can be found at <http://pr.mo.gov>, the form may be downloaded from our website and submitted. Methods of submitting name and/or address changes are as follows:

- By faxing your request to 573-751-6745 or 573-751-0075.
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

Changing your address with the post office will not ensure that important information such as renewals, newsletters, complaint information, etc. will be mailed to your new address. It is imperative that you complete the Name and Address Change form and submit it to the Missouri Nursing Board.

Contacting the Board

In order to assist you with any questions and save yourself and our office staff valuable time, please have the following available when contacting the Board:

- License number
- Pen and paper

within the nursing profession and is highly dedicated to help address these issues. This funding is designed to promote physical as well as faculty resources; expansion and promotion of instructional resources designed to innovatively foster quality clinical learning with deliberate transition to safe and effective professional nursing practice for as many qualified applicants/students as possible. Funding focus incorporates monies for programs offering BSN completion for already licensed nurses.

Rather specific criteria must be met in order for nursing programs to qualify for funding. Qualifying institutional criteria for grant awards requires that each applicant provide professional nursing education, be sponsored by an institution accredited by the Higher Learning Commission of the North Central Association, request funding that does not exceed \$150,000 per campus per year and present an explicit plan for maintaining the investment once grant funding ends. The application period for the second year of the Nursing Incentive Grant Program funding is currently open. In addition to meeting general application qualifications, institutions applying for a 2012 grant that received grant funding during the 2011 incentive cycle, are required to submit a detailed report indicating progress related to utilization and sustainability of funding received last year. Detailed criteria for proposal submission may be found at the MDHE website via this link <http://www.dhe.mo.gov/documents/NursingGrantRFP-2012.pdf>. The timeline for grant awards was moved up from last year. Proposals were due at the Missouri Department of Higher Education offices no later than at the end of the business day on July 31st, 2012. Decisions related to grant awards will be made through collaboration between the Missouri State Board of Nursing and the Missouri Department of Higher Education. Grant awards are anticipated to be issued September 10, 2012.

Reference: 2012 Request for Proposals–MDHE

NCSBN Launches New Consumer Education Initiative About APRNs

Chicago—The National Council of State Boards of Nursing (NCSBN) has launched a new educational campaign that informs consumers that boards of nursing (BONs) in the U.S. license advanced practice registered nurses (APRNs) as part of their mission of protecting the public. The campaign is designed to explain that BONs are working toward the goal of more APRN licensure uniformity across the country to continue to keep the public safe as health care reform advances.

Forming the centerpiece of this new campaign is a 30-second television spot that was produced in conjunction with the CBS Community Partnership Program. This commercial is currently airing in New York; Chicago; Philadelphia; Detroit; Tampa-St. Pete, Fla.; St. Louis; Indianapolis; Louisville, Ky.; New Orleans; Charleston, S.C.; and Jackson, Miss. on CBS owned and affiliated stations. The spots air within each market during shows such as "The Early Show," the CBS 2 News, the CBS Local Early News, "Entertainment Tonight," and the CBS Local Late News, with occasional rotation into prime time programming. There is also a 60-second radio commercial running in the same markets. Both the television and radio campaigns will air through July 15, 2012.

Filmed at University of Illinois at Chicago (UIC) College of Nursing, the commercial familiarizes consumers with the fact that APRNs are an integral part of the health care team and a vital component in providing more access to care. Patients are safely cared for because BONs oversee APRN practice.

Consumers will find a wealth of resources about APRNs, BONs and how to contact a BON by visiting the NCSBN APRN website.

About UIC

The UIC College of Nursing (CON) is a top 10 ranked nursing institution in the heart of Chicago. The CON ranks seventh in research funding from the National Institutes of Health and their Online Bachelor of Science in Nursing Program is ranked fifth nationally. The college draws the most accomplished and proactive nursing students from across the nation and around the world and continually exceeds expectations with its number of applicants and graduates. CON has four regional campuses in Illinois and a vibrant Global Health Leadership Office.

About NCSBN

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also nine associate members. Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

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Education Report

*Authored by Bibi Schultz, RN MSN, CNE
Education Administrator*

Missouri State Board of Nursing (MSBN) Education Committee Members:

- Roxanne McDaniel, RN, PhD (Chair)
- Lisa Green, RN, PhD(c)
- Irene Coco-Bell, LPN

Nursing Education Incentive Program–2012

As many may know, in 2011 the state of Missouri established, through legislative action and appropriation of funds, the Nursing Education Incentive Program within the Missouri Department of Higher Education. This funding is made available through generosity and foresight of the Missouri State Board of Nursing in collaboration with the Missouri Department of Higher Education. A second year of grant funding has been made available this year to qualifying nursing education programs. Each year a total of \$1 million is awarded to promote nursing education. A third year of grant funding is anticipated. Major grant focus on increase of physical and educational capacity of professional nursing education programs in Missouri is demonstrated. While applications to nursing programs are at an all time high, many nursing programs struggle to attain resources to expand enrollment. As shared in an earlier report, 2010 annual report data indicated that just in the year 2010 a total of 2,494 applicants to Missouri professional pre-licensure nursing programs were deemed eligible for admission but had to be turned away. It is to be noted that such numbers may be somewhat skewed since applicants often simultaneously apply to more than one nursing program; yet the need to expand capacity to educate nurses is clear. Institute of Medicine (IOM) recommendations to increase the number of BSN prepared nurses contributes to this focus. The Missouri State Board of Nursing is keenly aware of needs




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Substance Abuse: Risks Factors and Protective Factors

**Nancy Darbro, PhD, APRN, CNS, LPCC, LADAC, and
Kate Driscoll Malliarakis, MSM, RN, CNP, MAC**

Addressing substance use disorders among nurses proactively and compassionately requires an understanding of the many risk factors that make nurses vulnerable. This article analyzes the specific risk factors that affect nurses, including nursing specialty, gender, and workplace, as well as the general risk factors for everyone. The article also discusses protective factors that help nurses avoid destructive substance abuse disorders and recover from them.

The prevalence of substance abuse and addiction among nurses and other health care professionals is no higher than the prevalence in the general population (Storr, Trinkoff, & Hughes, 2000). However, the prevalence of prescription drug misuse is 6.9% among nurses compared with 3.2% among white females (Substance Abuse and Mental Health Services Administration [SAMHSA], 1998). Nurses with substance abuse disorders not only provide patient care while impaired but also divert their patients’ prescribed medications, risking patient harm. Despite this, the lack of identification and the underreporting of nurses and other health care professionals in the workplace remain an issue (Baldisseri, 2007).

Because nurses are the largest group of health care professionals, those who have abuse and addiction issues are more visible, more stigmatized, and more severely punished (Shaw, McGovern, Angres, & Rawal, 2004). To address substance use disorders among nurses proactively and compassionately, we need to consider the many risk factors that make them vulnerable.

The Effects of Specialty

The likelihood that nurses will use substances varies across specialties. The prevalence is higher among emergency department and psychiatric nurses (Anderson, 2004). Collins, Gollnisch, and Morsheimer (1999) also found higher rates of smoking in psychiatric nurses and significantly higher cocaine use in critical care nurses compared with other specialties. Oncology nurses and nurses listing their specialty as administration were more likely to consume five or more alcoholic drinks per occasion (Dunn, 2005).

Specialties least likely to report substance use were general pediatric, women’s health, school, and occupational health nurses. The American Association of Nurse Anesthetists reported that the addiction rate among anesthesiologists and nurse anesthetists exceeds 15%. An anonymous survey of drug misuse among certified registered nurse anesthetists found that 10% reported misuse of controlled substances used in their practice (Bell, McDonough, Ellison, & Fitzhugh, 1999). Similar patterns have been found among physicians: Psychiatrists and emergency medicine physicians have higher rates (Hughes et al., 1999), suggesting common causes among health professionals with substance use issues.

The Effects of Gender

Because women make up 91.1% of registered nurses (United States Department of Labor, 2010), it is worth noting how addiction affects women. Women get sicker faster and have a more virulent course of addiction, perhaps because of their typically lower body weight and more intense reactions. Women tend to start substance abuse later in life and abuse fewer substances, yet they have more severe physical symptoms when they enter treatment (Goldberg, 1995; Mynatt, 1998).

Women tend to seek medical help for signs and symptoms associated with substance abuse, such as insomnia, nervousness, and depression, but the cause goes undetected by medical professionals because screening for substance abuse in primary care settings is uncommon. Women are more likely to associate the onset of substance abuse with a stressful life event or loss, and they have higher rates of comorbid psychiatric disorders, most commonly depression and anxiety (Blume, 1998; Goldberg, 1995). Typically, women enter treatment for substance abuse because of physical, mental health, or family problems; men tend to enter treatment because of a referral from an employer or the legal system (Blume, 1998). Men, who account for only about 9% of the nursing population, are overrepresented in the population of nurses in alternative programs and disciplinary cases (Dittman, 2008; National Council of State Boards of Nursing [NCSBN], 2009).

Other people, including family members, fail to recognize nurses with abuse issues as long as the nurses’ behavior does not resemble the stereotype of an addict or alcoholic. Women with higher incomes or educations are even less likely to be identified and referred for treatment

until they reach an advanced state of addiction (Blume, 1998).

Women who abuse drugs or alcohol experience a societal stigma for substance abuse as well as a moral stigma because women are held to a higher moral standard than men. For nurses, both men and women, the stigma of substance use is powerful, and addicted women and nurses remain hidden populations (Blume, 1998) and are less likely to receive treatment for substance abuse disorders than men (Greenfield et al., 2007).

General Risk Factors

The following general risk factors make people more susceptible to substance use disorders:

- *Psychiatric factors.* Depression, anxiety, low self-esteem, low tolerance for stress, learning disabilities, feelings of desperation, feelings of loss of control over one’s life, feelings of resentment, and early victimization, particularly verbal, physical, and sexual abuse
- *Behavioral factors.* Use of other substances, aggressive childhood behavior, conduct disorder, antisocial personality disorder, avoidance of responsibilities, impulsivity and risk taking, alienation and rebelliousness, reckless behavior, school-based academic or behavioral problems, involvement with the criminal justice system, illegal behaviors, and poor interpersonal relationships
- *Social factors.* Early age (15 years or younger) at first use, alcohol- and drug-using peers, social or cultural norms condoning use, weak religious affiliation, expectations about the positive effects of drugs and alcohol, and access to and availability of drugs
- *Demographic factors.* Male gender, inner-city or rural residence with low socioeconomic status, and lack of employment opportunities
- *Family factors.* Alcohol and drug use by parents, siblings, or spouse; family dysfunction, such as inconsistent discipline and lack of positive family rituals and routines; poor parenting skills; and family trauma, such as death or divorce
- *Genetic factors.* Inherited predisposition to alcohol or drug dependence, deficits in neurotransmitters such as serotonin, and absence of aversive reactions, such as flushing or palpitations

Studies estimate that genetic influences account for 40% to 60% of the risk for substance abuse (National Institute on Drug Abuse, 2007; Schuckit, 2009).

Workplace Risk Factors

The top four risk factors for nurses in the workplace are access, stress, lack of education, and attitude.

professionals. The ongoing lack of institutional controls and oversight in the storing and distribution of narcotics facilitates diversion and its concealment. Loose prescribing practices for one’s friends or family is another risk factor and reflects society’s tolerance for taking drugs and expectation of receiving prescriptions from office visits. In one study, nurses did not seek appropriate medical care for self-diagnosed health problems; instead, they obtained prescriptions from physician friends without adequate workups (Solari-Twadell, 1988).

Stress

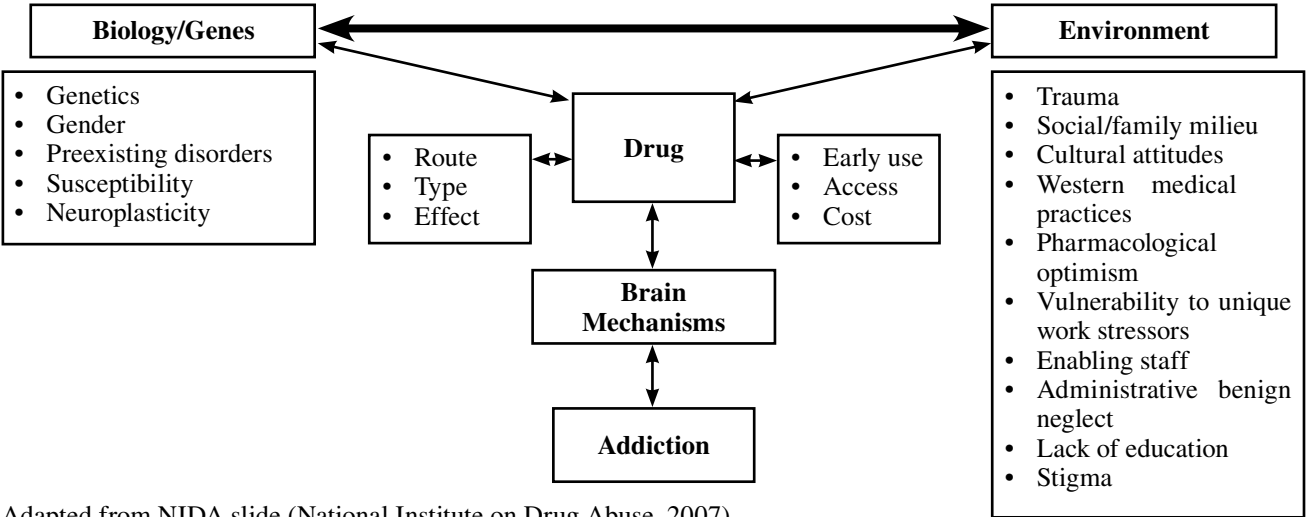
Nursing is a highly stressful occupation. In fact, nurses reported more on-the-job stress than any other group of health care professionals (Wolfgang, 1988). Long shifts, extra shifts, staffing shortages, and shift rotation contribute to increased stress. Trinkoff and Storr (1998) examined the relationship between work schedule characteristics and substance use and found that, in general, the more adverse the schedule characteristics, the greater the likelihood of substance abuse. The schedule characteristic most strongly associated with substance use was a combination of shift rotation and long shifts. Shift work and long work hours also lead to fatigue, sleep deprivation, circadian rhythm disruption, and other psychophysiological consequences (Geiger-Brown and Trinkoff, 2010). In a longitudinal study, adverse work schedules, including long work hours and limited time off to recover, were related to musculoskeletal injury, pain, and needlesticks (Trinkoff, Le, Geiger-Brown, Lipscomb, & Lang, 2006; Trinkoff, Le, Geiger-Brown, Lipscomb, 2007).

Self-medication for pain is always a concern among nurses. Bugle (1996) compared a group of nurses disciplined for substance abuse (*n* = 79) with a group of nurses not disciplined for substance use (*n* = 124). The findings: 40% of disciplined nurses used prescription drugs to control chronic pain compared with 20% of nondisciplined nurses, and 42.5% of disciplined nurses used substances for emotional problems compared with 6.5% of nondisciplined nurses.

Lack of Education

The lack of education on the addictive process and its signs and symptoms remains one of the more profound—and overlooked—risk factors for nurses. This lack of education contributes to the negative stereotypes of those with substance use disorders, especially nurses and physicians (Chappel, 1992; Grover & Floyd, 1998). Commonly, other health care professionals hold the most negative views of colleagues with substance use disorders (Howard & Chung, 2000a, 2000b).

Figure 1
Risk Factors for Substance Use Disorders in Nurses
This figure is based on the classic epidemiologic triad—host (biology/genes), environment, and agent (drug)—and adapted to the specific risk factors for nurses.



Adapted from NIDA slide (National Institute on Drug Abuse, 2007)

Access

The ready availability of drugs is an occupational hazard, especially when combined with a poorly managed administration of controlled substances in health care facilities (Trinkoff, Storr, and Wall, 1999). Sullivan, Bissell, and Leffler (1990) surveyed 300 nurses enrolled in treatment programs and learned that one sixth changed worksites (usually by internal hospital transfer) to have easier access to drugs in the workplace. On the other hand, Kenna and Wood (2004) found that reduced workplace access was related to a greater likelihood of using illicit substances among nursing students and that access is an important feature affecting substance use among health

Darbro (2005) interviewed many nurses who identified a lack of education and a culture of mistreatment in their workplace. Thus, as the adage goes, “Ignorance breeds contempt,” producing a work environment in which nurses with substance use disorders may take even greater pains to conceal their abuse, thereby increasing the risk of harm to all.

Attitude

Five attitudes can increase the odds of substance use problems in nurses (Clark & Farnsworth, 2006). First, nurses may see substance use as an acceptable means of coping with life’s problems and a way of promoting enjoyment, comfort, and the ability to get along. Second, because of their training and daily observations, nurses may develop a faith in drugs as a means of promoting healing. This pharmacological optimism is a profound belief. The third attitude is a sense of entitlement that focuses on the nurse’s need to continue working and rationalizations regarding drug use. The fourth attitude deals with the special status of health care providers as being invulnerable to the illnesses of their patients; health care providers see themselves as caregivers, not care receivers. Fifth, professional training involving powerful drugs leads to an acceptance of self-diagnosing and self-medicating for physical pain and stress.

Risk Factors in the Epidemiologic Triad

Figure 1 presents risk factors for substance abuse disorders based on the classic epidemiologic triad. Most risk factors in the figure are easily understood, but two may require explanation.

Western medical practices refers to Western medicine’s reliance on pharmacotherapy as first-line treatment and the resulting expectation by patients that drugs will be prescribed as a quick fix for pain and other conditions.

Administrative benign neglect describes the common occurrence of health care administrators failing to recognize active substance use disorders and to intervene in a timely manner (Gossop et al., 2001). Because of this failure to act responsibly from the beginning, the disease may progress until the administration can no longer justify retaining the nurse. Thus, the only intervention is: “You’re fired.”

Protective Factors

Protective factors are much less studied in the literature, but they are critical for developing adequate prevention and support for nurses with substance use disorders and nurses who are at risk. Protective factors include beliefs in the values and norms of society, religious beliefs, and strong early attachment to a parent (Simoneau & Bergeron, 2000). Other protective factors include work satisfaction, workplace social support, and workplace constraints regarding use (Simoneau & Bergeron, 2000). Age can also be a protective factor because the highest risk of substance abuse is young adulthood and the prevalence of substance use declines with age (SAMHSA, 2008).

For those participating in a recovery monitoring program, the elements assessed to verify abstinence and recovery behaviors can also be considered protective factors. One physician health-monitoring program postulated that the following factors were predictive of a successful recovery program (Talbot & Wilson, 2005, p. 1197):

- A high number of 12-step support group meetings attended each week
- High-quality, frequent contact with a 12-step sponsor
- Random, observed urine drug screens
- Close evaluation of emotional reactions to the hurdles of recovery, such as dealing with guilt, shame, anger, depression, and insomnia
- Immediate attention to other compulsive behaviors that emerge, such as gambling, food, sex, and work
- Consistent review and evaluation of treatment and medication status
- Assessment of family relationships and inclusion of family members
- Support and verification of medical and physical health status
- Regular questioning regarding and support of leisure or fun activities
- Intense scrutiny of compliance with all contract agreements
- Regular questioning regarding and support of regular exercise
- Regular questioning regarding workplace stressors and support
- Regular questioning of financial status and problems
- Regular questioning of need for additional training or education
- Questioning of participant’s own evaluation of progress in recovery
- Identification of weak points in the participant’s recovery or support through monitoring program

These factors have also been identified as typical components of alternative diversion programs for nurses (NCSBN, 2009). Although requests for standards for

these programs have come from many sources, no verified best-practice standards exist for alternative programs for nurses or physicians. Research seems to support the success of the common elements of these programs, such as intense, long-term treatment; aftercare; continuing care; evaluation of the many aspects of recovery; and regular, consistent review of progress and compliance with contract stipulations (McLellan, Skipper, Campbell, & DuPont, 2008; Merlo & Gold, 2008). Stipulations may include initial treatment, aftercare, long-term continuing care, the cessation of practice, practice restrictions and stipulations, notification of employers, evaluation of return-to-work practice by on-site supervisors or managers, random drug screens, attendance at 12-step or other support group meetings, work with a peer sponsor, and written or regular face-to-face evaluations of compliance.

Summary

Nurses have specific risk factors for substance abuse disorders related to their professional specialties and their workplace. They also share risk factors with the general population. And because 91.1% of nurses are women, most nurses are susceptible to gender-related risk factors as well.

To address substance use disorders early in their progression with understanding and compassion, we need to know and carefully consider the many risk factors that make nurses vulnerable.

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Disciplinary Actions**

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Censure

Clewis, Jessica Nichole
Fort Leonard Wood, MO
Registered Nurse 2009028386

The medical center completed a narcotics audit in December 2010 for Licensee's narcotic administrations due to her poor documentation in medical records. Licensee had not been documenting the administration of narcotics and dispensed narcotics using other nurses' sign-in information in Phelps County's system. Additionally, Licensee dispensed more narcotics than the average for nurses in the “float pool.” Licensee stated that “she was taught that she should pull pain medications and have them ready, available to her in her pocket when a patient needs them.” Licensee was informed that was not an acceptable practice. One month prior to Licensee's termination on May 14, 2011, Licensee submitted a resignation notice stating she was moving to the state of South Carolina. Licensee reported for her shift on May 14, 2011. E.B., LPN also arrived at 07:00 on May 14, 2011 for her shift and found Licensee with a crushed vial of Dilaudid in her hand in the medication room. Licensee told E.B. that it had fallen and broken. E.B. noted in the administration records that Licensee withdrew Dilaudid, a controlled substance, for a patient of E.B.'s but that the patient had not received the medication. Hospital records for May 14, 2011 showed that Licensee withdrew a 2 mg vial of Dilaudid but she did not document it as administered or wasted. Hospital records for May 14, 2011 also show that Licensee withdrew a 1 mg tablet of Clonazepam, a controlled substance, but she did not document it as administered or wasted. Hospital records for May 14, 2011 show that Licensee withdrew a 4 mg vial of Morphine Sulfate, a controlled substance, but she did not document it as administered or wasted.

Upon speaking with Licensee at approximately 13:40 on May 14, 2011, Licensee appeared to be dazed and had slurred speech.

CENSURE CONTINUED...

She claimed to feel sick and nauseated. A Dilaudid 2 mg vial was found in Licensee's front pocket and she was observed with a clear plastic baggie in her hand before going to the restroom. Shortly thereafter, Licensee was instructed to “sign off” her flow cart, lock her drawer and go to the nursing office. Licensee appeared to have difficulty signing off the cart. On May 14, 2011 at approximately 14:30, Licensee was in the office of the nursing supervisor. The nursing supervisor requested that Licensee submit to a “for cause” drug test. When Licensee was notified of the drug screen she ran down the back stairwell to her vehicle and drove away. Licensee returned at 18:00 for the drug screen.
Censure 4/20/2012 to 4/21/2012

Ellis, Amy Marie
Willow Springs, MO
Licensed Practical Nurse 2011001201

Respondent's license was placed on probation for a period of two (2) years effective January 13, 2011, the date she passed the NCLEX. Respondent was required to obtain continuing education hours covering the following categories: ‘Ethics of Nursing Practice’; Professional Accountability and Legal Liability for Nurses’; Missouri Nursing Practice Act’; ‘Disciplinary Actions: What every Nurse Should Know’ and submit proof of completion to the Board on or before January 13, 2012. The Board did not receive proof of any completed hours by January 13, 2012. Respondent submitted copies of completed hours of continuing education at the Board Meeting on March 8, 2012. Respondent submitted a letter from probation and parole confirming her successful discharge from felony probation on July 16, 2011. Respondent submitted a medical record to confirm treatment and a diagnosis that had given her problems in late 2011 and 2012. Respondent testified to the issues her medical condition and her financial condition created problems for her in getting things accomplished. She also took responsibility for missing the deadline to complete her required continuing education courses. She was remorseful and seemed to be committed to following the terms of the Order going forward.
Censure 4/18/2012 to 4/19/2012

Conway, Kathy
Jerome, MO
Licensed Practical Nurse 056260

In accordance with the terms of a Settlement Agreement, Respondent was required to obtain continuing education hours covering the following categories: ‘Ethics of Nursing Practice’; Professional Accountability and Legal Liability for Nurses’; Missouri Nursing Practice Act’; ‘Disciplinary Actions: What every Nurse Should Know’; ‘Documentation: A Critical Aspect of Client Care’; and, ‘Medication Errors: Detection and Prevention’ and submit proof of completion to the Board on or before November 15, 2011. The Board did not receive proof of any completed hours by the due date. Pursuant to the terms of Respondent's probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, an affidavit indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of November 15, 2011. Respondent submitted completion certificates for ‘Ethics of Nursing Practice’, ‘Professional Accountability and Legal Liability for Nurses’; ‘Missouri Nursing Practice Act’; ‘Disciplinary Actions: What every Nurse Should Know’; ‘Documentation: A Critical Aspect of Client Care’; and, ‘Medication Errors: Detection and Prevention’ on March 7, 2012 at her hearing. The Board did receive an employer evaluation on December 7, 2011.
Censure 4/18/2012 to 4/19/2012

Sutfin, Lana M.
Dittmer, MO
Registered Nurse 137729

On April 29, 2011, while working at the facility, Licensee was assigned to care for patient N.E. who had an order for Morphine 2.5 mg every three hours as needed. On April 29, 2011 at 0024, Licensee administered 5.0 mg of Morphine to N.E., an amount that was double the ordered dose. On April 29, 2011 at 0433, Licensee withdrew 5.0 mg of Morphine for N.E. at 0453, Licensee administered 2.5 mg of Morphine to N.E. Licensee did not document the administration or waste of the remaining 2.5 mg of Morphine. On April 29, 2011, Licensee administered the additional dose of Morphine to N.E. without a physician order for the additional Morphine. Administering Morphine without a physician's order is beyond the scope of practice of a registered professional nurse.
Censure 4/20/2012 to 4/21/2012

Newell-Lewis, Kathy G.
Springfield, MO
Registered Nurse 138812

On April 24, 2011, employer assigned Licensee to provide home health care for patient C.T. who required post-surgical care. Licensee submitted her “Start of Care Assessment” in which she documented C.T.'s blood pressure and other vital signs and also documented that Licensee provided care to C.T. from 16:25 to 18:00. Licensee took C.T.'s pulse, but did not check her blood pressure or other vital signs. Licensee actually provided approximately 10-15 minutes of care for C.T. rather than the hour thirty five minutes Licensee documented and for which Licensee requested payment from employer.
On April 6, 2011, employer assigned Licensee to provide home

CENSURE CONTINUED...

health care to patient M.M. The CoaguCheck system obtains immediate Prothrombin Time (PT) and International Normalized Ratio (INR) test results and stores the results. Employer provided Licensee with a CoaguChek system to obtain PT/INR test results for M.M. On April 6, 2011, Licensee documented M.M.'s INR to be 4.3. The CoaguChek system's records showed no INR results for M.M. for April 6, 2011. Licensee falsified medical records by documenting vital signs that she never measured and by documenting INR results for a test she did not complete
Censure 3/14/2012 to 3/15/2012

Kissel, Tonya Kay
Waynesville, MO
Licensed Practical Nurse 2007000779

On or about August 21, 2008, Licensee was assigned to care for an elderly female patient receiving care for a urinary tract infection. Licensee documented the above-mentioned patient had blisters on her thighs but failed to document or assess an extensive wound to the above-mentioned patient's right heel. On or about September 5, 2008 Licensee was assigned to care for a patient who had orders for a Foley catheter to be inserted. After her 12-hour shift, Licensee signed off on the 24-hour chart check, indicating compliance with all orders for the above-mentioned patient. Licensee admitted she didn't insert the Foley catheter, causing the patient to go over 12 hours without the catheter ordered by her doctor.
Censure 3/10/2012 to 3/11/2012

Yarbrough, Sherry L.
Naylor, MO
Registered Nurse 117004

Respondent entered into a Settlement Agreement with the Board that went into effect on December 28, 2010. In accordance with the terms of the Agreement, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day. During Respondent's probationary period, Respondent has failed to call in to NTS on sixteen (16) days. Further, on March 3, 2011 and June 6, 2011, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent reported to the collection site to provide the requested sample which both showed low creatinine readings. Respondent testified that she drank a lot of fluids, particularly caffeine. Respondent admitted to missing her calls. She further testified to some life stressors during the time period of missed calls. Per respondent's testimony those life stressors are now resolved. Respondent also testified that she now has two alarms set as a daily reminder to call in NTS.
Censure 4/18/2012 to 4/19/2012

Kimble, Vickie J.
Albany, MO
Registered Nurse 095705

From March 19, 2008 until September 1, 2009, Licensee worked under a Collaborative Practice Agreement with Dr. H. for the facility. After her employment ended on September 1, 2009, Licensee continued to “fill-in” at the facility during the month of September, 2009. On both September 2, 2009 and on September 10, 2009 Licensee wrote a prescription for Ambien 10 mg on a prescription pad provided to her by the facility. Licensee was not in a collaborative practice agreement with Dr H on September 2, 2009 or on September 10, 2009 when she wrote the prescriptions for Ambien, a schedule IV controlled substance.
Censure 3/20/2012 to 3/21/2012

Forrest, Linda S.
Saint Louis, MO
Licensed Practical Nurse 053815

On or about October 4, 2007, Licensee engaged in misconduct in the performance of the functions and duties of a nurse. Patient, H.P., an Alzheimer's resident who requires the use of a wheelchair and has repetitive speech problems, was in her wheelchair by the nurse's station, as she frequently was, so the nurses could keep a watch on patient H.P. as she regularly tries to get out of her wheelchair which could injure her. On this occasion, on or about October 4, 2007, Patient H.P. was repeatedly calling out “hello,” “please don't leave me” and “please help me.” Licensee told H.P. to “shut your damn mouth” and kicked her wheelchair into the wall. On or about October 4, 2007, patient C.H., under Licensee's care, was to receive liquid medication. C.H. tried to refuse the medication from Licensee and grabbed the keys around Licensee's neck. Licensee forced C.H. to take that liquid medication by forcibly holding C.H.'s hands and cursed at a CNA who attempted to hold C.H.'s hand. On or about October 5, 2007, an investigation was conducted on the above-mentioned allegations by the Department of Health & Senior Services. Licensee was suspended, then terminated when the allegations were substantiated.
Censure 5/30/2012 to 5/31/2012

Clark, David Edward
Overland Park, KS
Registered Nurse 2006015830

On Tuesday, April 19, 2011, Licensee reported that he

Censure continued on page 9

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administered Zofran and Fentanyl, a narcotic, to a patient in the emergency room without a physician’s order. Licensee informed the attending physician that he had administered the medications without a physician’s order. The attending physician confirmed that he had not written any orders for medication at the time Licensee administered the Zofran and Fentanyl to the patient. The attending physician also stated that there are pain protocols the physicians can order for a registered nurse to administer once the physician has seen the patient but not before. Licensee documented the administration of the medications to the patient. Administering medication without a physician’s order is beyond the scope of practice of a registered professional nurse.
Censure 3/14/2012 to 3/15/2012

Cornman, Sarah Elizabeth

Bourbon, MO
Registered Nurse 2001021173

On August 17, 2010, the Board entered an “Order of the State Board of Nursing Regarding Issuance of a Probated License to Sarah Cornman” (Order). The Order allowed the Respondent to renew her license and practice under the authority of a probated license. In accordance with the terms of the Order, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day. During Respondent’s probationary period, Respondent has failed to call in to NTS on eighteen (18) days. She testified that some of these missed calls were due to calling NTS too late for the call to be recorded. She waited until her husband returned home with the phone, which was not until 5:30 p.m. on some dates, and is after the time that she is required to call NTS.
Censure 4/18/2012 to 4/19/2012

Harper, Patricia Kathleen

Hermann, MO
Licensed Practical Nurse 2007033496

Respondent’s nursing license was placed on probation for a period of three (3) years under specified terms and conditions. Respondent was required to contract with the Board’s approved third party administrator, currently National Toxicology Specialists, Inc. (NTS) and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day. From the beginning of her disciplinary period to this filing, Respondent has failed to call in to NTS on seven (7) days. Pursuant to the terms of Respondent’s probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment was to be submitted to the Board. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of December 30, 2011; however, the Board did receive an employer evaluation on January 3, 2012, dated December 22, 2011.
Censure 5/11/2012 to 5/12/2012

Probation

Washington, Alysia Dawn

Kansas City, MO
Registered Nurse 2003004357

On November 15, 2011, the Administrative Hearing Commission issued a Decision finding that the Board had cause to discipline the license of Respondent for incompetency and violation of professional trust or confidence as a result of improper documentation of her patient’s medication. On or about February 6, 2008, it was found that there were discrepancies between Respondent’s Pyxis activity and her documentation. During the audit, staff discovered the following:
a. When comparing Respondent’s documentation concerning patients in her care and the Pyxis records of medication removed and/or destroyed by Respondent, it was found that drugs had been removed, but Respondent had failed to document if she had administered the medication.
b. The audit revealed that Respondent had documented having administered drugs to patients prior to having removed the drugs from the Pyxis.
c. The audit revealed that Respondent had documented having administered drugs to patients, but Pyxis records showed that Respondent had never removed the drugs from the Pyxis in which to administer them.
Respondent testified that she had one hour window to document administration of medications. She said the Pyxis system was not accurate with other clocks. She also said that the facility did not send all supporting documentation. Respondent also testified that the facility was switching documentation systems at that time and that there were issues with the clock on the Pyxis. She believed it was appropriate to document medication administration within the “nine o’clock hour slot” regardless of whether it was administered at 9:58 or 9:30 and it was appropriate to document pulling and administering the medication before the medications were pulled. Respondent testified that she was very busy, but not careless in her documentation; however, Respondent submitted a signed notarized statement to the Board where she admits that she was careless and busy. She admitted that she has now changed how she documents. She now looks at facility policies and not other nurses’ behaviors as her guide as to what is proper technique.
Probation 5/10/2012 to 5/10/2013

PROBATION CONTINUED...

Horton, Jennifer Joy
Saint Charles, MO
Registered Nurse 2003018831

On November 16, 2010, Licensee removed 1 mg Dilaudid from the Pyxis at 7:15 p.m. and documented at 7:19 p.m. that she wasted 1 mg. Dilaudid. Licensee told the oncoming nurse that she had administered 1 mg. Dilaudid to the patient at 7:15 p.m. When questioned at approximately 7:20 p.m., the patient reported that that the last pain medication had been administered around 4 p.m. The Hospital ran Pyxis reports for the Licensee for the time period of August 8, 2010 through November 16, 2010 that showed the following unaccounted for controlled substance doses:
a. On October 28, 2010, Licensee removed 100/325 Darvocet at 10:19. Licensee did not document the administration, return or waste of the Darvocet.
b. On October 28, 2010, Licensee removed 1 mg Dilaudid at 20:05. Licensee did not document the administration, return or waste of the Dilaudid.
c. On November 14, 2010, Licensee removed 2 mg Dilaudid at 19:00. Licensee did not document the administration, return or waste of the Dilaudid.
d. On August 18, 2010, Licensee removed 2 mg of Ativan at 11:53. Licensee documented the administration of 1 mg of Ativan at 12:04. Licensee did not document the administration, return, or waste of the remaining 1 mg of Ativan.
e. On August 18, 2010, Licensee removed 2 mg of Ativan at 14:38. She documented administration of 1 mg at 13:31, but did not document the administration, return, or waste of the remaining 1 mg of Ativan.
f. On August 18, 2010, Licensee removed 2 mg of Ativan at 14:38. She documented administration of 1 mg at 14:41, but did not document the administration, return, or waste of the remaining 1 mg of Ativan.
g. On August 18, 2010, Licensee removed 2 mg of Ativan at 15:32. Licensee documented the administration of 1 mg of Ativan at 15:44. Licensee did not document the administration, return, or waste of the remaining 1 mg of Ativan.
h. On August 18, 2010, Licensee removed 2 mg of Ativan at 16:54. Licensee documented the waste of 1 mg of Ativan. Licensee did not document the administration, return, or waste of the remaining 1 mg of Ativan.
i. On August 18, 2010, Licensee removed 2 mg of Dilaudid at 11:53. Licensee documented the administration of 0.5 mg at 12:04 and 13:31. Licensee did not document the administration, return or waste of the remaining 1 mg of Dilaudid.
j. On August 18, 2010, License removed 2 mg of Dilaudid at 14:37. Licensee documented the administration of 1 mg at 14:41. Licensee did not document the administration, return or waste of the remaining 1 mg of Dilaudid.
k. On August 18, 2010, Licensee removed 2 mg of Dilaudid at 18:11. Licensee documented the administration of 1 mg at 18:12. Licensee did not document the administration, return or waste of the remaining 1 mg of Dilaudid.
l. On August 11, 2010, Licensee removed 2 mg of Ativan at 17:57. Licensee documented the administration of 0.5 mg at 18:11. Licensee did not document the administration, return, or waste of the remaining 1.5 mg of Ativan.
m. On August 6, 2010, Licensee removed 1 mg of Dilaudid at 20:10. Licensee did not document the administration, return, or waste of the Dilaudid.
n. On August 6, 2010, Licensee removed 1 tablet of Hydrocodone at 20:11. Licensee did not document the administration, return, or waste of the Hydrocodone.
o. On August 9, 2010, Licensee removed 1 mg of Dilaudid at 19:32. Licensee did not document the administration, return, or waste of the Dilaudid.
p. On September 22, 2010, Licensee removed 1 mg of Dilaudid at 18:00. Licensee documented the waste of 0.5 mg of Dilaudid. Licensee did not document the administration, return, or waste of the remaining 0.5 mg of Dilaudid.
Probation 5/4/2012 to 5/5/2012

Ameiss, Laura M.
Washington, MO
Registered Nurse 107531

Respondent’s license was placed on probation for a period of three (3) years. In accordance with the terms of the Agreement, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. During Respondent’s probation, she has failed to call in to NTS on twenty-five (25) days. Respondent failed to call NTS on December 19, 2011, which was a day that she had been selected to test. Since she failed to call, Respondent failed to report to a collection site to provide the requested sample. In addition, Respondent was selected for random testing on April 4, 2011. Respondent reported to the lab for the required sample which had a low creatinine reading of 13.0. Respondent appeared to be organized since December 2011, after learning that she had missed testing due to missing a call on December 19, 2011 and now has a plan in place to not continue missing calls. She has not missed any calls since December 19, 2011.
Probation 4/19/2012 to 12/16/2013

Riggs, Erin Elizabeth
Shawnee Mission, KS
Registered Nurse 2012010426

On September 19, 2002, Licensee pled guilty to the class B misdemeanor of driving while intoxicated. Licensee received

Probation continued on page 10

The Board of Nursing is requesting contact from the following individuals:

Sonjia Cahill–RN138397
Jamie Calhoun-Walden–PN2003003853
Denise Filla–PN2004001920
Christina Langston-Alman–PN057919
Jessica Morgan Miller–PN2003023943
Carolyn Sargent–PN054569
Martha Witcher–RN081502

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov

Schedule of Board Meeting Dates Through 2013

September 4-7, 2012
December 4-7, 2012
March 5-8, 2013
June 4-7, 2013
September 3-6, 2013
December 3-6, 2013

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>

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Probation continued from page 9

a suspended imposition of sentence and she was placed on two (2) years unsupervised probation with specified conditions. On May 4, 2004, Licensee pled guilty to the class A misdemeanor of possession of a controlled substance. Licensee received a suspended imposition of sentence and she was placed on two (2) years unsupervised probation with specified conditions. On June 3, 2003, Licensee pled guilty to the class C felony of forgery. Licensee received a suspended imposition of sentence and she was placed on five (5) years unsupervised probation with specified conditions. On January 3, 2011, Licensee pled guilty to the class A misdemeanor of possession of a controlled substance. Licensee received a suspended imposition of sentence and she was placed on two (2) years unsupervised probation with specified conditions.
Probation 3/28/2012 to 3/28/2015

Hanson, Joni M.
New Boston, MO
Licensed Practical Nurse 2011000171
On November 15, 2010, the Board entered an “Order of the State Board of Nursing Regarding Issuance of a Probated License to Joni Hanson” (Order). In accordance with the terms of the order, Respondent was additionally required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by January 4, 2012. The Board did not receive proof of any completed continuing education hours by the due date. Respondent testified that she completed and submitted her continuing education hours and submitted those to the Board. She did not complete her hours until after the probation violation complaint was filed.
Probation 5/7/2012 to 1/4/2014

Campbell, Mary Vivienne
Osage Beach, MO
Registered Nurse 2010026039
On February 3, 2011, the employer asked Licensee to submit to a reasonable suspicion/cause drug screen because Licensee appeared to be impaired and exhibited concerning behaviors during her shift. One of Licensee’s patients needed an IV started but Licensee had made a request to partially waste a controlled substance IV medication for that patient twice that day knowing that the patient still did not have an IV. The February 3, 2011 drug screen was positive for Morphine, Hydrocodone, and Hydromorphone. Upon an interview with her employer, Licensee admitted that she removed a 5 mg vial of Morphine from SJH, wasted 2 mg of it and injected herself with the remaining 3 mg of Morphine. Licensee also admitted to diverting Dilaudid for personal consumption. Following the drug screen, Licensee was suspended from her employer pending the investigation and audit. During the week, Licensee attended one counseling session through the Employee Assistance Program at her employer. Her employer conducted a narcotic substances audit for January 2011 by name of user of the substance. The audit revealed that 44 mg Morphine, 3 mg Hydromorphone, 3.5 tablets of Oxycondone/APAP, 1 tablet of Hydrocodone and 1 tablet of Lorazepam unaccounted for in Licensee’s name that did not have corresponding waste or administration documentation.
Probation 4/3/2012 to 4/3/2015

Patrick, Wendy A.
Bethany, MO
Licensed Practical Nurse 055938
Respondent’s license was placed on probation for a period of three (3) years under specified terms and conditions. In accordance with the terms of the Agreement, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. During Respondent’s probation, Respondent has failed to call in to NTS on twenty-two (22) days. Many of those missed calls occurred on Saturdays and Sundays. Respondent admitted to missing calls to NTS as shown by the evidence. She continues with her treatment and recovery efforts. She has a plan in place to remind herself to call in to NTS and her employer is assisting her with reminders about calling NTS when she is working.
Probation 4/19/2012 to 12/27/2014

Drowns, Jonathan E.
Saginaw, MO
Registered Nurse 149366
Licensee was employed by employer as a Certified Registered Nurse Anesthetist (CRNA). On Monday, November 28, 2010 Licensee used repeated doses of Fentanyl for patient S.H. As a result, S.H. was hypotensive requiring ephedrine boluses. Licensee then switched to morphine for patient S.H. On Wednesday, December 1, 2010, Licensee set up the operating room at his employer for a total knee replacement on patient E.D. M.W., the CRNA attending E.D’s surgery, questioned Licensee regarding the set up of the room, in particular the preparation of drugs to be used during the surgery. Licensee was in the habit of drawing up vials of Fentanyl for other CRNAs which was not the normal course of business at employer. Licensee drew up all of the drugs for E.D.’s surgery, including 5cc of Fentanyl. M.W. put E.D. to sleep with the normal induction dose of Fentanyl, 50mcg, then repeated the dose. E.D. did not have the expected pharmacologic effect from the Fentanyl that Licensee had drawn up prior to surgery. Her respiratory rate was 28 per minute and her heart rate was elevated. The normal response would have been a reduction in the respiratory rate and the heart rate, not an increase. As a result, M.W. opened a new vial of Fentanyl and gave E.D. a normal dose. E.D. had an immediate response to the new Fentanyl. E.D.’s respiratory rate went from 28 to 15 and her heart rate from 96 to 62. M.W. kept 1 cc of the Fentanyl that Licensee had drawn up and the syringe was sent to the lab.

PROBATION CONTINUED...

The analysis result on the 1 cc of clear liquid in the syringe was that the liquid did not contain fentanyl. As a result of the analysis result, Licensee was instructed to go for a drug screen on November 28, 2010. Licensee did not go for the drug screen as instructed by employer. On December 1, 2010, Licensee admitted diversion of Fentanyl on to employer. He stated he diverted the Fentanyl and replaced it with another fluid.
Probation 4/6/2012 to 4/6/2017

Martin, Gloria A.
Springfield, MO
Licensed Practical Nurse 036839
On December 5, 2010, Licensee worked as an LPN in the “F” Unit of the psychiatric unit. Protocol requires that staff conduct a check of each patient in the “F” Unit every 15 minutes. This patient check requires a visual check of each patient. Staff document the 15 minute patient checks on the 15 Minute Check Flowsheet. The 15 Minute Check Flowsheet for December 5, 2010, shows that Licensee documented she conducted the 15 minute patient checks on the “F” Unit at 4:45 p.m. Licensee did not do a visual check of one of the patients even though she documented she had done so. Accurate documentation of a nurse’s activities is an essential function and duty of a Licensed Practical Nurse.
Probation 5/22/2012 to 5/22/2013

Lewis, Kristin M.
Saint Louis, MO
Registered Nurse 130581
On or about January 27, 2005, in the Superior Court of California, County of Santa Clara, Licensee entered a plea of nolo contendere to the crime of driving under the influence of alcohol, in violation of vehicle code section 23152(a), a misdemeanor. Licensee received a suspended imposition of sentence with three (3) years of probation with special conditions. On or about November 5, 2010, in the Superior Court of California, County of El Dorado, Licensee entered a plea of nolo contendere to the crime of driving while having a .08% or higher blood alcohol with a special allegation of blood alcohol over .15% in violation of vehicle code section 23152(b), a misdemeanor. Licensee received 10 days in jail and four (4) years of probation with special conditions. On or about January 12, 2012, the California State Board of Nursing, revoked Licensee’s license for the conduct described herein, with a stay and placed her on three (3) years of probation with special conditions. Driving while intoxicated is a crime of moral turpitude. Driving with an excessive blood alcohol content is a crime of moral turpitude. The State of California disciplined Licensee’s license for the crime of driving while intoxicated and the crime of driving with an excessive blood alcohol count, both of which are crimes that would subject Licensee to discipline in that State of Missouri.
Probation 5/10/2012 to 5/10/2015

Fox, Shelia Lynn
Winona, MO
Licensed Practical Nurse 2011030749
On August 18, 2011, the Board issued an Order of the State Board of Nursing Regarding Issuance of a Probated License to Shelia Fox” (Order). Pursuant to the Order, Respondent’s license was placed on probation for a period of three (3) years, effective September 13, 2011, the date Respondent received a passing grade on the NCLEX. During Respondent’s probationary period, Respondent has failed to call in to NTS on eight (8) days. Further, on October 18, 2011, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent reported to the collection site to provide the requested sample which showed a low creatinine reading of 14.3. The low end of a creatinine reading is 20.0 to be within an acceptable range. Respondent testified that her low creatinine reading was due to consuming too much caffeine, which can cause a low creatinine reading.
Probation 5/7/2012 to 9/13/2015

Lewis, David R.
Centralia, MO
Registered Nurse 128479
Pursuant to the terms and conditions of his probation, Respondent was required to abstain from the use of controlled substances unless prescribed by professional with prescribing authority and with whom he had a bona fide patient relationship. “The presence of any controlled substance whatsoever in any biological sample obtained from the Licensee for which Licensee does not hold a valid prescription shall constitute a violation of Licensee’ discipline.” During Respondent’s probation, Respondent has failed to call in to NTS on two (2) days. Respondent testified that he was deployed to Seattle, Washington on the two dates that he missed calling and that he was an officer in charge of a medical clinic that required his full attention. In addition, Respondent was selected for random testing on December 6, 2011. The results from this sample showed a low creatinine reading of 14.2. Creatinine levels below 20.0 are suspicious for a diluted sample. On that same date, December 6, 2011, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of THC, a metabolite of marijuana. When Dr. Elam, the Medical Review Officer (MRO) with NTS, contacted Respondent about the positive test, Respondent adamantly denied use and ordered a split sample retest. Respondent stated to Dr. Elam that hemp seed oil was used in the Thanksgiving food two weeks before the test. Dr. Elam explained that two weeks is too long before the sample was collected to be relevant. The split sample retest was completed on December 20, 2011 and reconfirmed the sample was positive for THC, a metabolite of marijuana.
Probation 5/10/2012 to 11/14/2012

PROBATION CONTINUED...

Vahlkamp, Suzan
Quincy, IL
Registered Nurse 136703
On January 10, 2011, Licensee was contacted by D.W., the staffing coordinator of a home health agency to see if Licensee had any openings to provide care to additional patients that day to help lessen the load of another nurse at the agency. Licensee responded by text message to D.W.: “No I don’t so, I scheduled some sups that I have a hard time getting in to. I have 7 as well[.]” For one of her patients, Licensee was supposed to provide wound care and for five of her patients, she was providing instruction on care. Licensee also provided a required monthly supervisory visit to patients under the care of licensed practical nurses. D.W. understood Licensee’s text to mean that Licensee had supervisory visits and seven patients to see that day which was a full schedule. On January 11, 2011, Licensee called the staffing office stating she was ill and could not work that day. G.B., RN, was going to see Licensee’s patients for January 11, 2011 so D.W. contacted the patients Licensee saw on January 10, 2011 in advance of G.B., RN, seeing those patients for Licensee on January 11, 2011. When D.W. contacted Licensee’s patients from January 10, 2011, D.W. found that Licensee had not seen any of the patients she was scheduled to see on January 10, 2011. Licensee abandoned her patients on January 10, 2011 because she did not inform administration that she was not going to see the patients and in fact texted administration that she was making visits to her patients and did not have time for any additional patients. Licensee provided no documentation for care to patients or supervisory visits for January 10, 2011.
Probation 4/20/2012 to 4/20/2013

Kiefer, Shane E.
Jackson, MO
Registered Nurse 154838
While he was working Kiefer accessed a resident’s chart to obtain a phone number of a resident’s daughter. Kiefer then gave that phone number to his wife. Kiefer’s wife used that phone number to send a text message to the resident’s adult daughter.
Probation 4/27/2012 to 4/27/2014

Weaver, Billy Joe
Neosho, MO
Registered Nurse 2008021274
On January 7, 2011, a routine Pandora report was ran to ensure proper narcotics usage. The Pandora report showed Weaver with instances of unaccounted for controlled substances as set forth below.
Licensee had the following narcotic discrepancies for patient A.F.:
a. On December 16, 2010 at 1716, Licensee withdrew Versed 100 ml. Licensee did not document the medication as administered, returned, or wasted.
b. On December 17, 2010 at 0843, Licensee withdrew Versed 100 mg. Licensee did not document the medication as administered, returned, or wasted.
c. On December 24, 2010 at 0837, Licensee withdrew Versed 100 mg. Licensee did not document the medication as administered, returned, or wasted.
d. On December 24, 2010 at 1148, Licensee withdrew Fentanyl 75 mcg. Licensee did not document the medication as administered, returned, or wasted.
e. On December 25, 2010 at 0829, Licensee withdrew Fentanyl 75 mcg. Licensee did not document the medication as administered, returned, or wasted.
f. On December 25, 2010 at 1233, Licensee withdrew Versed 100 mg. Licensee did not document the medication as administered, returned, or wasted.
g. On December 25, 2010 at 1530, Licensee withdrew Fentanyl 100 mcg. Licensee did not document the medication as administered, returned, or wasted.
Licensee had the following narcotic discrepancies for patient M.S.:
a. On December 23, 2010 at 0729, Licensee withdrew Fentanyl 50 mcg. Licensee did not document the medication as administered, returned, or wasted.
b. On December 23, 2010 at 1050, Licensee withdrew Fentanyl 100 mcg. Licensee did not document the medication as administered, returned, or wasted.
c. On December 23, 2010 at 1718, Licensee withdrew Fentanyl 100 mcg. Licensee did not document the medication as administered, returned, or wasted.
Licensee had the following narcotic discrepancies for patient L.P.:
a. On December 16, 2010 at 1105, Licensee withdrew Hydrocodone 5/325. Licensee did not document the medication as administered, returned, or wasted.
b. On December 16, 2010 at 1644, Licensee withdrew Dilaudid .01 mg. Licensee did not document the medication as administered, returned, or wasted.
c. On December 17, 2010 at 1753, Licensee withdrew Dilaudid .1 mg. Licensee did not document the medication as administered, returned, or wasted.
Licensee had the following narcotic discrepancies for patient B.L.:
a. On December 27, 2010 at 0810, Licensee withdrew Morphine 6mg. Licensee did not document the medication as administered, returned, or wasted.
b. On December 27, 2010 at 0746, Licensee withdrew Dilaudid 1mg. Licensee did not document the medication as administered, returned, or wasted.
c. On December 27, 2010 at 1039, Licensee withdrew Dilaudid 1mg. Licensee did not document the medication as administered, returned, or wasted.

Probation continued on page 11

d. On December 27, 2010 at 1205, Licensee withdrew Ativan 2mg. Licensee did not document the medication as administered, returned, or wasted.

Licensee had the following narcotic discrepancies for D.M.:

a. On December 24, 2010 at 0753, Licensee withdrew Demerol 50 mg. Licensee did not document the medication as administered, returned, or wasted.

b. On December 24, 2010 at 0926, Licensee withdrew Hydrocodone 7.5/325. Licensee did not document the medication as administered, returned, or wasted.

Licensee had the following narcotic discrepancies for H.B.:

a. On December 12, 2010 at 1233, Licensee withdrew Morphine 10 mg. Licensee did not document the medication as administered, returned, or wasted.

b. On December 12, 2010 at 0922, Licensee withdrew Morphine 1 mg. Licensee did not document the medication as administered, returned, or wasted.

c. On December 12, 2010 at 0712, Licensee withdrew Morphine 1 mg. Licensee did not document the medication as administered, returned, or wasted.

Licensee had the following narcotic discrepancies for E.R.:

a. On December 11, 2010 at 1228, Licensee withdrew Morphine 4 mg. Licensee did not document the medication as administered, returned, or wasted.

Licensee had the following narcotic discrepancies for S.F.:

a. On December 14, 2010 at 1701, Licensee withdrew Ativan. Licensee did not document the medication as administered, returned, or wasted.

Licensee had the following narcotic discrepancies for J.W.:

a. On December 7, 2010 at 1616, Licensee withdrew Fentanyl 10mcg/ml 100 ml premix. Licensee did not document the medication as administered, returned, or wasted.

Probation 5/4/2012 to 5/5/2012

Garner, Martha A.
Belton, MO
Registered Nurse 139367

Respondent entered into a Settlement Agreement (Agreement) with the Board, which went into effect on September 11, 2008. In accordance with the terms of the Agreement, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. From the beginning of Respondent’s probation to the filing date of the probation violation complaint, Respondent failed to call NTS on twenty-two (22) days. In addition, on July 16, 2009; January 8, 2010; June 22, 2010; October 4, 2011; and, December 20, 2011, Respondent called NTS and was required to provide a sample for testing. Respondent failed to report to a collection site to provide a sample for screening. Further, on October 20, 2009, January 9, 2011; January 31, 2011; and, August 15, 2011, Respondent was selected to provide a urine sample for screening and the result of the screening showed low creatinine readings of 10.5; 14.7; 17.9; and, 13.2, respectively. Creatinine readings below 20.0 are suspicious that the sample provided has been diluted in order to test negative. The Board did not receive an employer evaluation or statement of unemployment by the December 15, 2011, documentation due date. She testified that the late evaluation was due to human error and administrative lag time, but that she had taken measures to ensure that the evaluations were not late in the future. Additionally, pursuant to the terms of the Agreement, Respondent was required to comply with the Nursing Practice Act, Chapter 335 RSMo. Respondent was employed on August 28 and August 29, 2011 on the night shift, which started at 8:00 p.m. on August 28, 2011 and ended at 5:00 a.m. on August 29, 2011. Respondent was the only licensed nurse on duty during the night shift on August 28-29, 2011. A patient care technician (PCT) was also on duty, but was not a licensed nurse, could not administer medications, and was not trained on how to respond should any medical emergencies occur to a patient. There were approximately five (5) patients receiving dialysis during Respondent’s shift. At approximately 2:40 a.m., on August 29, 2011, Respondent left to go to the emergency room due to having chest pains. Respondent left without another nurse being present while patients were receiving dialysis with only the PCT present. Another nurse arrived at approximately 3:30 a.m. on August 29, 2011. Respondent requested that the PCT call the nurse who eventually replaced her, but did not wait until the nurse arrived before leaving. Respondent admitted to the Board’s investigator that she did not call her manager and did not take her patients off of dialysis prior to leaving her place of employment. Respondent had been feeling ill since the beginning of her shift, which started at 8:00 p.m., but did not call anyone to relieve her until 1:30 a.m. Respondent did not call 911 for assistance despite the fact that she thought she may have been having a heart attack and instead, transported herself to the hospital. Respondent admitted that she should have taken the patients off of dialysis prior to leaving and realized the seriousness of abandoning her patients, but stated that she was in pain and was not thinking clearly.

Probation 4/19/2012 to 9/11/2014

Armstrong, Sandrel L.
Florissant, MO
Licensed Practical Nurse 053591

On December 21, 2011, the Administrative Hearing Commission issued a Decision finding that the Board had cause to discipline the license of Respondent for a violation of professional trust or confidence by failing to properly document the administration, withdrawal or wasting of patient medications. In August 2009, Center started using a new electronic medical record system called Epic. All nursing staff, including Respondent, received training on how to use this system. In the Epic system, a nurse scanned a patient’s identification bracelet and the patient’s list

of routine medications would come up on a computer screen; however, “as needed” (PRN) medications were on a separate list and did not automatically appear on this screen, but PRN withdrawals were required to be documented in Epic. PRN medications included narcotic pain medications and were dispensed from an Omnicell machine, which documented withdrawals and who withdrew the narcotics. Respondent failed to document the administration and withdrawal of some PRN medications due to the list of PRN medications not automatically appearing on the Epic screen. On November 19, 2009, a pharmacy audit was conducted for the period from October 1 through October 1, 2009 comparing the withdrawals from Epic and Omnicell. The audit revealed that Respondent had ten (10) administrations of fifteen (15) medications during the month of October 2009 that could not be accounted for between what she recorded withdrawing from Epic versus what was shown as withdrawn by Respondent from Omnicell. Respondent informed the director of nursing that there was a problem with the new system and that other staff had complained as well. The director of nursing pulled records for four (4) other nurses working on the same hall as Respondent and found that 100% of the narcotics withdrawn by those nurses had been properly documented. As a result of these discrepancies, Respondent was requested to submit to a drug screen. That screen was negative. Respondent testified that she did not agree with the allegations. She stood by the statement she did nothing wrong and her alleged documentation issues were a result of the new EPIC system and problems with Omnicell. Respondent is now employed and has been employed with her new employer for two years with no new complaints from that facility. Respondent’s testimony that she did nothing wrong is not credible. Respondent failed to properly document the withdrawal of medication at the Center. She had a duty to her employer and her patients to learn this system or to ask how to properly learn the new system. She violated professional trust and confidence. The Board finds that this Disciplinary Order is issued to safeguard the public health.

Probation 4/19/2012 to 4/19/2013

Wells, Amy Lynn
Glasgow, MO
Licensed Practical Nurse 2008030359

On or about November 30, 2004, in the Circuit Court of Cooper County, MO, Licensee plead guilty to the class A misdemeanor of stealing in violation of section 570.030 RSMo., and she received a 30 day suspended execution of sentence and two years of unsupervised probation. On or about February 19, 2009, in the Circuit Court of Boone County, MO, Licensee plead guilty to the class A misdemeanor of stealing in violation of section 570.030 RSMo., and she received a 6 month suspended execution of sentence and two years of unsupervised probation with conditions. On or about August 30, 2011, in the Circuit Court of Howard County, MO, Licensee plead guilty to the class C felony of possession of a controlled substance in violation of section 195.202 RSMo., and she received a suspended imposition of sentence and five years of supervised probation with conditions.

Probation 4/23/2012 to 4/23/2017

Jackson, Arika Rene
Strafford, MO
Licensed Practical Nurse 2004004411

On July 16, 2009, Licensee pled guilty to the Class A Misdemeanor of ‘Domestic Assault in the 3rd Degree’ in the Associate Circuit Court of Greene County, Missouri. The Court sentenced Licensee to ninety (90) days in the Greene County Jail, suspended execution of sentence and placed Licensee on two (2) years of unsupervised probation. ‘Domestic Assault in the 3rd Degree’ is an offense an essential element of which is an act of violence.

Probation 4/3/2012 to 5/17/2012

Conley, Lisa Rose
Gentry, MO
Registered Nurse 2009017580

On January 17, 2011, Licensee was assigned to care for a one-year-old patient. Licensee started an intravenous (IV) line on the patient so that the patient could receive IV fluids. Licensee wrapped the IV line in curlex or coban so that the site would not be visible. The patient’s mother told Licensee that she thought that the child was in pain. Licensee evaluated the IV line without unwrapping the curlex or coban from the IV line and then turned the patient over to another nurse. When Licensee’s shift was over, Liensee gave a report to the next nurse and left. Licensee had documented “IV removed with catheter intact” for the patient prior to the procedure being completed because Licensee had not discontinued the IV. On February 19, 2011, Licensee administered blood pressure medication to a patient. Licensee did not use the barcode system to administer the medication to a patient. Licensee did not identify the patient prior to the medication administration. Licensee gave a patient the blood pressure medication intended for a different patient. June 2, 2011, Licensee was providing care to a patient that required rabies immunoglobulin. The medication arrived in a box with two vials. One vial contained medication powder and one vial contained the diluent, which was saline. The box also contained instructions for mixing the solution. Licensee injected the diluent into the patients wound but the patient did not receive any of the immunoglobulin.

Probation 3/9/2012 to 3/9/2014

Sutton, Keri Lynn
Ozark, MO
Registered Nurse 2001015701

Sutton’s scope of practice was governed by her “Collaborative Practice Agreement with Advanced Practice Nurse” (the “Collaborative Practice Agreement”) entered into between

Sutton and specified physicians at the Facility. Sutton signed this Collaborative Practice Agreement on January 31, 2010. The Collaborative Practice Agreement did not delegate to Sutton authority to prescribe any Schedule III controlled substance. On January 24, 2011, Sutton telephoned in a prescription to a Pharmacy for Meclizine 25 mg, quantity 90, refill 1 and also for Norco 10/325. Both prescriptions were for A.S. The pharmacist had questions about the prescription for Norco and contacted one of Licensee’s collaborative physicians who had purportedly authorized the prescriptions, for clarification. It was the determined that the physician had not authorized the prescriptions. A. S. is Sutton’s spouse and he was not a patient of the employer.

Probation 5/12/2012 to 5/12/2015

Simmons, Robert Scott
Sedalia, MO
Registered Nurse 2004005131

Licensee holds no license that provides him with authority to prescribe controlled substances. Licensee amended physician orders for Schedule II controlled substances per Section 195.017, RSMo, in such a way that it appeared as if the medication orders were written by the physician and then administered the medication, as follows:

On March 15, 2011, Licensee wrote on the “Physician’s Orders” for patient J.H. an order for Dilaudid, a Schedule II controlled substance, and inserted this writing above the doctor’s signature so it appeared to be ordered by the doctor, and then administered this medication to the patient. On March 2, 2011, Licensee wrote on the “Physician’s Orders” for patient N.F. an order for Fentanyl, a Schedule II controlled substance, and inserted this writing above the doctor’s signature so it appeared to be ordered by the doctor, and then administered this medication to the patient. On March 2, 2011, Licensee wrote on the “Physician’s Orders” for patient J.C. an order for Fentanyl, a Schedule II controlled substance, and inserted this writing above the doctor’s signature so it appeared to be ordered by the doctor and then administered this medication to the patient. On February 26, 2011, Licensee wrote on the “Physician’s Orders” for patient P.M. an order for Fentanyl and Dilaudid, Schedule II controlled substances, and inserted this writing above the doctor’s signature so it appeared to be ordered by the doctor and then administered this medication to the patient. On March 7, 2011, Licensee wrote on the “Physician’s Orders” for patient B.P. an order for Dilaudid, a Schedule II controlled substance, and inserted this writing above the doctor’s signature so it appeared to be ordered by the doctor and then administered this medication to the patient. On March 2, 2011, Licensee wrote on the “Physician’s Orders” for patient S.P. an order for Fentanyl, a Schedule II controlled substance, and inserted this writing above the doctor’s signature so it appeared to be ordered by the doctor and then administered this medication to the patient. On March 7, 2011, Licensee wrote on the “Physician’s Orders” for patient M.P. an order for Fentanyl, a Schedule II controlled substance, and inserted this writing above the doctor’s signature so it appeared to be ordered by the doctor and then administered this medication to the patient. On March 7, 2011, Licensee wrote on the “Physician’s Orders” for patient J.C. the words “may repeat 1x” next to the doctor’s order for Fentanyl, a Schedule II controlled substance, and inserted this writing so it appeared to be ordered by the doctor and then administered this medication to the patient. On March 7, 2011, Licensee wrote on the “Physician’s Orders” for patient R.S. the words “may repeat 1x” next to the doctor’s order for Fentanyl, a Schedule II controlled substance, and inserted this writing so it appeared to be ordered by the doctor and then administered this medication to the patient. On March 12, 2011, Licensee wrote on the “Physician’s Orders” for patient E.R. the words “may repeat 1x” next to the doctor’s order for Dilaudid, a Schedule II controlled substance, and inserted this writing so it appeared to be ordered by the doctor and then administered this medication to the patient. On March 11, 2011, Licensee wrote on the “Physician’s Orders” for patient K.E. an order for Fentanyl, a Schedule II controlled substance, and inserted this writing above the doctor’s signature so it appeared to be ordered by the doctor and then administered this medication to the patient. On March 11, 2011, Licensee wrote on the “Physician’s Orders” for patient J.S. the words “may repeat 1x” next to the doctor’s order for Fentanyl, a Schedule II controlled substance, and inserted this writing so it appeared to be ordered by the doctor and then administered this medication to the patient. On March 4, 2011, Licensee wrote on the “Physician’s Orders” for patient J.S. an order for Fentanyl, a Schedule II controlled substance, and inserted this writing above the doctor’s signature so it appeared to be ordered by the doctor and then administered this medication to the patient. On March 16, 2011, Licensee wrote on the “Physician’s Orders” for patient R.T. the words “repeat 1” under a doctor’s order for Dilaudid, a Schedule II controlled substance, and inserted this writing above the doctor’s signature so it appeared to be ordered by the doctor and then administered this medication to the patient.

Probation 5/11/2012 to 5/11/2013

Cranmer, Mary Ann
Washington, MO
Registered Nurse 096269

On or about July 22, 2008, in the Circuit Court of Franklin County, Missouri, Licensee plead guilty to failure to file or pay a Missouri income tax return in violation of section 143.931 RSMo., an unclassified felony. She received a suspended imposition of sentence with 3 years of supervised probation and special conditions.

Probation 4/26/2012 to 4/26/2013

Probation continued from page 11

Glenn, Aaron Dean
 Bethany, MO
Licensed Practical Nurse 2009026727
 On May 25, 2011, Licensee was filling out a patient referral form at the facility. Standard procedure at the facility for a patient referral is to complete the form and fax the form to the doctor if he or she is not present at the facility, for consideration and signature. Licensee was observed putting the form over a signature of the physician that was on another form, and copying the doctor’s signature. Licensee was confronted about his actions. Licensee told another nurse he was copying the signature. Licensee was then observed faxing the referral form to another facility. The Physician’s office did not receive a referral form for the doctor’s consideration and signature. Licensee admitted to the facility that he was “goofing around” and forged the signature. Licensee denied to the facility that he faxed the forged form. Licensee was terminated as a result of his actions described above.
 Probation 3/2/2012 to 3/2/2013

Scott, Vickie J.
 California, MO
Registered Nurse 124170
 On March 24, 2010, Licensee entered into a Settlement Agreement with the Board that became effective on April 13, 2010. The settlement agreement placed Licensee’s license on probation for two (2) years, subject to general terms and conditions, and also required Licensee to obtain at least 15 contact hours per year in Documentation and Patient Care. Specifically, paragraph A under Continuing Education section of the Agreement stated:
 Licensee shall obtain at least fifteen (15) contact hours per year, beginning the effective date of discipline, in Documentation and Patient Care. Licensee shall submit proof of completion of continuing education programs to the Board during the disciplinary period. The documentation shall indicate all continuing education courses completed by Licensee during the disciplinary period that have not previously been submitted to the Board and shall include a pamphlet, brochure or other materials which indicate the content of the course. Due dates will be determined by the Board after the Agreement goes into effect. Failure to obtain the required contact hours and/or submit the required documentation by the due dates shall result in a violation of the terms of discipline.
 Licensee was required to submit proof of completion of continuing education by April 13, 2011. Licensee failed to do so in violation of the terms of the Agreement.
 Probation 4/3/2012 to 4/3/2014

Harris, Maria Catherine
 Madison, MO
Registered Nurse 2008017964
 Licensee was chosen for a random drug screen on April 13, 2011. Licensee tested positive for Opiates, specifically oxycodone, oxymorphone and morphine. Licensee was terminated on April 26, 2011 for the positive drug test.
 Probation 5/16/2012 to 5/16/2017

Brooks, Sarah Darlene
 Kahoka, MO
Registered Nurse 2007025716
 On or about May 19, 2010, in Clark County, MO, Licensee knowingly possessed marijuana and methamphetamine, both controlled substances. Licensee entered into a deferred prosecution agreement in the Circuit Court of Clark County, Missouri and entered the First Judicial Circuit Drug Court program on June 11, 2010.
 Probation 4/26/2012 to 4/26/2017

Herman, Sarah Elizabeth
 Excelsior Springs, MO
Licensed Practical Nurse 2012010824
 On April 14, 2004, in the United States District Court, Western District of Missouri, Licensee entered a plea of guilty to one count of misapplication of bank funds, a Class B Felony, in violation of Title 18, United States Code, Section 656. Licensee was placed on 5 years of supervised probation with one of the conditions to pay \$16,024.28 in restitution. On April 30, 2003, Licensee in concert with another; opened a savings account at Commerce Bank. Licensee then proceeded to make fourteen separate fraudulent transactions resulting in \$22,257.30. The bank recovered \$8,148 from the fraudulent account. Licensee admitted to Commerce Bank Security that she took loose items (cash tickets) and put them in an account that she had someone else open. Licensee failed to disclose this plea of guilty to one count of misapplication of bank funds, a Class B Felony, in violation of Title 18, United States Code, Section 656, when she submitted her application for License as a Licensed Practical Nurse by Examination.
 Probation 4/3/2012 to 4/3/2013

Hendricks, Tiara Clarice
 Saint Louis, MO
Registered Nurse 2007007906
 Licensee was being observed on December 10, 2009 by a Safety Officer, a consultant that gives individual feedback to employees. On December 10, 2009 Licensee left medication on a patient’s bedside table and did not observe the patient taking the medication. On December 10, 2009 Licensee took Medication Administration Records (MAR) into an isolation room, set them on the patient’s bed and then attempted to remove them from the isolation room. On December 10, 2009 Licensee used her personnel stethoscope in an isolation room and attempted

PROBATION CONTINUED...

to remove it from the isolation room. On December 10, 2009 Licensee failed to wash her hands when leaving the isolation room. When the Safety Officer was talking with the Licensee about the infection control issue, Licensee walked away from her. Licensee’s manager scheduled a meeting with the Licensee to determine what happened between the Safety Officer and the Licensee and to see if Licensee was simply “having a bad day.” During the meeting Licensee spoke in a hostile manner, used profanity and failed to make eye contact. Licensee was terminated on January 21, 2010.
 Probation 5/19/2012 to 5/20/2012

Martinez, Maggie Mae
 Sedalia, MO
Licensed Practical Nurse 2005011435
 Respondent entered into a Settlement Agreement. Pursuant to the terms of Respondent’s probation, Respondent was required to provide her employer with a copy of the Agreement and to have submitted an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of August 15, 2011 and November 14, 2011, which were the first two (2) due dates that these statements were due. The Board cannot determine whether Respondent provided her employer with a copy of the Agreement notifying her employer that her license was on probation with the Board since the Board has not received any employer evaluations or statements of unemployment indicating that she is unemployed. Respondent testified that she did not work in nursing and did not read the Agreement closely and simply assumed that employer evaluations were to be submitted only if she was working in the field of nursing. She is currently working for a company that produces toolboxes and did not think that was relevant to the Agreement since she was not employed in the field of nursing.
 Probation 5/7/2012 to 5/14/2013

Valenzuela, Sonja Jeanette
 Holts Summit, MO
Licensed Practical Nurse 2009026465
 On March 25, 2010, an anonymous call from a caller stated that Licensee was a known drug user. A few months earlier the medical center had received a call from the Sheriff’s Department informing them of a drug raid at the Licensee’s residence. On March 25, 2010, Licensee’s drug screen was positive for Butalbital and Marijuana Metabolites. On April 9, 2010, Licensee signed an Employment Agreement agreeing to random drug screens upon request and continued counseling as recommended by the counselor at the Center. January 14, 2011, Licensee refused to submit to a drug screen upon request.
 Probation 5/16/2012 to 5/16/2015

Colbert, Stephanie Marie
 Lathrop, MO
Registered Nurse 2008021154
 From July 26, 2010 until January 31, 2011, Colbert worked as a registered professional nurse at a Hospital. On January 14, 2011 a family complained that on January 13, 2011, Licensee insisted their family member take Norco instead of the requested Tylenol. Licensee entered the patient room with two Norco. Colbert administered one Norco pill to the patient and placed the second Norco pill in her pocket. Colbert withdrew two Norco pills from the Pyxis and documented the administration of one Norco. Licensee did not document the return or waste of the other Norco pill. The hospital conducted a sixty day audit of Colbert’s Pyxis activity that revealed the following unaccounted for narcotic controlled substances: six Tylox; 250 mcg Fentanyl; seven Norco; and 2 Oxycodone.
 Probation 3/7/2012 to 3/7/2013

Lakey, Jaime Jo
 Warrensburg, MO
Licensed Practical Nurse 2008021854
 On May 13, 2009, it was discovered that a patient assigned to Licensee was still wearing a Lidoderm patch that had been placed on the resident the previous day. The doctor’s orders were to remove the patch at 8:00 p.m. on May 12, 2009. Licensee falsely documented that she had removed the patch in compliance with the doctor’s orders. On May 16, 2009 and May 17, 2009, Licensee was found to be “resting” and was alleged to be “sleeping” during her shift and on May 18, 2009, she was disciplined by her employer as a result of this activity. On May 17, 2009, Licensee was to administer medications to patients assigned to her in the Alzheimer unit. However, the medications were not administered by Licensee. On May 19, 2009, Licensee was further disciplined by her employer for unsatisfactory work. On May 22, 2009, Licensee gave one 400mg MagOx that was documented for one patient to another patient in violation of facility policy. On May 22, 2009, Licensee was given another disciplinary action by her employer and was terminated soon thereafter.
 Probation 3/2/2012 to 3/2/2013

Candler, John David
 Lamar, MO
Licensed Practical Nurse 2009032083
 Licensee admitted to diversion of Fentanyl patches from the Center for approximately six weeks in March and April 2011. The Center’s patients’ Fentanyl patches were scheduled to be changed every 72 hours. Licensee would change the patch on the patients before it was scheduled to be changed. Licensee did not destroy the used patch he removed from the patients. Licensee stated he took the partially used patches home and squeezed the gel out of

PROBATION CONTINUED...

the patches and rubbed the gel on his skin. Licensee is currently in drug rehabilitation treatment.
 Probation 4/17/2012 to 4/17/2017

Remington, Kim L.
 Hillsboro, MO
Registered Nurse 123952
 On September 12, 2007, a patient filed a complaint against Licensee. Licensee’s patients complained that Licensee was often late on her visits and sometimes missed visits altogether. In 2004, Licensee was convicted of Tampering, a class C Felony, received a suspended imposition of sentence, and did not disclose the plea of guilt to the Board of Nursing during her renewal process in 2005 and 2007. Licensee tested positive for Methadone, Alcohol and Marijuana on drug test performed by her Probation Officer in 2008. Pursuant to §324.041 RSMo, Licensee’s testing positive for a controlled substance creates the presumption of illegal possession. Respondent testified and presented evidence that she attended in-patient treatment for her substance abuse issue and successfully completed aftercare treatment with a sobriety date of 2008. Respondent also submitted proof of successful completion of her felony probation in January 2010.
 Probation 5/7/2012 to 5/7/2015

Taylor, Michael Wayne
 Kennett, MO
Licensed Practical Nurse 2005027426
 Count I
 Improper Charting and Narcotic Administration
 A review of Pyxis withdrawals revealed that Licensee withdrew high volumes of narcotics from the Pyxis machine and was often the highest user in the unit where he normally worked. Licensee failed to chart the administration of IV narcotics by the RN or nursing supervisor as required. In early 2007, Licensee was counseled about his high volume of narcotic withdrawals from the Pyxis machine, along with his high volume of canceled medications, for which Licensee had no explanation. On or about March 31, 2007, at 20:34, Licensee withdrew Ativan 0.5mg from the Pyxis, Licensee failed to document that the Ativan was administered. On or about March 31, 2007 at 03:52, Licensee withdrew Demerol 50 mg injection from the Pyxis, Licensee failed to document that the Demerol injection was administered to patient. On or about March 31, 2007, at 21:13, Licensee withdrew Demerol 75mg injection from the Pyxis for patient J.J. Patient J.J. had a physician order for Demerol 75mg ordered every 3 hours, PRN. Licensee failed to document that the Demerol injection was administered to patient J.J. On or about March 31, 2007, at 23:29, Licensee withdrew Demerol 75mg injection from the E.R. Pyxis for patient J.J. Licensee failed to document that the Demerol was administered to patient J.J. On or about April 1, 2007, at 02:45, Licensee withdrew Morphine Sulfate 5mg injection from the ER Pyxis for patient E.C. Patient E.C. was a patient on the 1A, a Med/Surg/Tele. Unit and Patient E.C. did not have a physician order for Morphine. Licensee failed to document that the Morphine was administered to patient E.C. On or about April 1, 2007 at 03:45, Licensee withdrew Ativan 2mg from the ER Pyxis for patient L.D. Patient L.D. did not have a physician order for Ativan and Licensee failed to document that the Ativan was administered to patient L.D. On or about April 1, 2007 at 05:47, Licensee withdrew a Vicodin 5/500mg from the Pyxis on 1A for patient D.M. Licensee failed to document that the Vicodin was administered to patient D.M. On or about April 1, 2007, at 03:04, Licensee withdrew Demerol 75mg injection from the Pyxis for patient J.J. Licensee failed to document that the Demerol was administered to patient J.J. On or about April 1, 2007, at 05:52, Licensee withdrew Demerol 75mg injection from the E.R. Pyxis for patient J.J. Licensee failed to document that the Demerol was administered to patient J.J. Licensee failed to obtain the RN or nursing supervisor’s signature on the MAR for the administration of IV narcotics to his patients. On or about April 1, 2007 Licensee was suspended for withdrawing IV narcotics, Demerol, Morphine, and Ativan, which were not charted as being administered to the patients by the RN or Nursing Supervisor. Licensee was terminated on April 13, 2007.

Count II
 Improper Charting and Narcotic Administration
 Several of Licensee’s co-workers noticed that he was the only person utilizing regular PRN pain medication and anxiety medication with several of the patients, yet several patients claimed they did not receive their meds. Licensee always withdrew the maximum dosage of pain medication for every patient, but every patient would not need the full amount of pain medication. There were also several patient complaints involving Licensee in which the patients claimed that they did not receive their physician ordered medications from Licensee. Several of Licensee’s patients and their families made formal complaints regarding Licensee not administering medications to the patients so a drug screen was conducted on the patients and the patients’ screens came back negative for their prescribed medications. Licensee’s charting reflected that he would often go back and change the times and dates. There were multiple incidents of Licensee charting withdrawing the medication, but he failed to chart the administration of the medication. On or about May 7, 2007, the Count Sheet indicated that Licensee withdrew 14 doses of pain medication for a particular patient, while the medication sheet documented that only three doses were administered to that patient in the whole month of May. Licensee also changed the dates on that patient’s chart five different times. On or about July 30, 2007, the assistant director of nursing, met with Licensee regarding the need for complete documentation of controlled substances that he signed out and administered to patients. She also discussed her concern that he was dispensing



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Probation continued from page 12

a high volume of pain medication. On or about July 30, 2007, after Licensee’s meeting, staff conducted a follow up review of discarded medication for Licensee’s points. The drug card for a particular point was in the “Discontinued Drugs,” but the Narcotic Dispensing Record (“NDR”) was missing since the NDR was missing, staff conducted a medication count which revealed a shortage of 14 Percocet. Licensee was unable to account for the 14 Percocet.

Probation 5/10/2012 to 5/10/2014

Linhardt, Angela Dawn

Union, MO

Licensed Practical Nurse 2000158987

On or about May 21, 2008, Respondent completed a renewal application for her licensed practical nurse license. Respondent answered “Yes” to question number six (6) on her Renewal Application which states “Since you last renewed, have you been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime, whether or not sentence was imposed (excluding traffic violations).” On or about December 10, 2007, Respondent pled guilty to two counts of Forgery, Case No. 06JE-CR03241-01, in the Circuit Court of Jefferson County, Missouri. Respondent was sentenced to three years in the Missouri Department of Corrections. She received a Suspended Execution of Sentence and was placed on supervised probation for a period of five (5) years.

Probation 3/20/2012 to 3/20/2014

Bailey, Toieka Richae

Saint Louis, MO

Registered Nurse 2006010918

On or about March 23, 2007, the pharmacy manager, C.S., sent the Clinical Nurse Manager, B.C., a letter regarding Licensee. There was a discrepancy with Licensee’s usage and count of Morphine syringes in the Pyxis, so C.S. asked B.C. to review Licensee’s Morphine usage and determine if it was appropriate. A review of Licensee’s Pyxis reports and patient records from February 24, 2007 through March 23, 2007, was conducted. Review of these reports and records revealed that there were several Morphine syringes that were unaccounted for. There were incidents when Licensee had administered a small amount of Morphine, but failed to waste the remainder, and incidents that Licensee had documented Morphine as being administered but had not yet withdrawn the Morphine from the Pyxis. Licensee admitted that she did not count the number of Morphine syringes in the Pyxis because she was extremely busy. Licensee pre-charted medication administrations before she actually administered medications to patients in violation of hospital policy. One of Licensee’s patients complained to the charge nurse, A.H., that she had not received her Percocet. An investigation revealed that Licensee had given the patient’s Percocet to a patient care technician, B.M., who was assigned to that patient. When B.M. offered it to the patient, the patient refused the Percocet and it was disposed of in a trash can. Licensee violated the hospital rules of conduct by allowing a patient care technician to administer medication to one of Licensee’s patients and for failing to ensure that the patient actually received the medication. On or about March 23, 2007, Licensee submitted to a drug test, which tested positive for Marijuana.

Probation 5/30/2012 to 5/30/2014

Butts, Wanda R.

Saint Louis, MO

Registered Nurse 069580

Respondent entered into a Settlement Agreement (Agreement) with the Board agreeing that her license was subject to discipline for the acts described below. The Agreement became effective on December 16, 2011. On or about May 22, 2006, Respondent withdrew sedation narcotics for two (2) patients in the GI Laboratory. Respondent failed to waste or return the narcotics to the department’s Omnicell machine. Respondent withdrew medications from April 1, 2006 through May 25, 2006, on 77 different patients. Respondent withdrew Versed and Demerol for patients who were being fully sedated through anesthesia. Respondent failed to return or document wasting the Versed and Demerol. All the medications Respondent withdrew were for patients who were already sedated when Respondent was withdrawing medications under those patient names/account numbers. Respondent admitted that she had been diverting narcotics. Respondent exhibited suicidal thoughts and tendencies, so she was taken to the psychiatric wing, where they admitted her. Respondent subsequently returned to work under the guidelines of a Return to Work Agreement (“RWA”). A random drug test was conducted on Respondent on March 20, 2007. Respondent’s drug test was positive for Valium. Respondent took the Valium from her sister’s prescription. Respondent’s employment was terminated. Respondent testified she has been sober since 2007.

Probation 4/19/2012 to 4/19/2015

Baker, Michelle M.

Saint Charles, MO

Registered Nurse 107253

On May 2, 2011 the Director of Surgical Services saw Licensee in the cafeteria of the hospital. Licensee did not recognize the Director in the cafeteria. The Director attempted to speak to Licensee after he observed her trying to “pick things off of the wall” in the cafeteria. Licensee told the Director that she was trying to get to her brother who was inside the wall. The Director took Licensee to the emergency room where she was admitted and stayed from May 2 through May 6, 2011. The Director did not suspect alcohol was involved because Licensee did not smell like alcohol. However, Licensee did admit to him she had a drinking problem and had recently relapsed. Licensee was impaired on the job and was not able to perform the functions of her duties as a

PROBATION CONTINUED...

nurse on May 2, 2011. As a result of the investigation, the facility determined that on April 22, 2011, Licensee removed eleven 1 mg Dilaudid syringes from the Pyxis in operating room #8 for patient T.R. Licensee entered her own initials into the BioID system to be able to obtain the Dilaudid. Licensee then immediately went to the Pyxis in operating room 5 and removed one 1 mg Dilaudid syringe also for patient T.R. Licensee entered her own initials into the BioID system to be able to obtain the Dilaudid. Ten of the Dilaudid syringes were not documented as administered or wasted. Though Licensee admitted a relapse for alcohol to the Director, Licensee denied narcotic use; however Licensee could not explain why her fingerprint and name showed that she had withdrawn eleven 1 milligram syringes of Dilaudid as she admits that she has no memory of the events on April 22, 2011 or May 2, 2011.

Probation 4/3/2012 to 4/3/2017

Hill, Cynthia A.

Springfield, MO

Registered Nurse 092746

In January, 2008, an audit of Licensee’s charts revealed a discrepancy in medication administration with regard to 1 milligram of Dillaudid. In May, 2008, a second charting discrepancy was detected with regard to Licensee’s administration of 1.5 milligrams of Dillaudid. In August 2007 Licensee submitted to a urine drug screen at work. The results were positive for Marijuana.

Probation 5/30/2012 to 5/30/2014

Winfield, Natasha Corlette

Saint Louis, MO

Registered Nurse 2008007630

On February 21, 2011 Licensee removed 1MG/1ML Dilaudid IV for JB at 0203. Licensee did not document the administration or waste of the medication. On February 21, 2011 Licensee removed 2MG/1ML Morphine IV for DM at 0026. Licensee did not document the administration or waste of the medication. Licensee failed to complete a pain assessment for JB on February 21, 2012 prior to removing the 1 MG/1ML Dilaudid IV at 0203. Licensee failed to reassess pain for DM on February 21, 2012 after removing 2MG/1ML Morphine IV at 0026.

Probation 4/27/2012 to 4/27/2014

Grejtak, Gena R.

Greenville, IL

Registered Nurse 103277

In November 2007, Licensee’s supervisor received a report for controlled medication diversion monitoring from the pharmacy pertaining to Licensee. In December, Licensee’s manager reviewed Licensee’s charts that were red-flagged by the pharmacy and her charting since the report. The audit revealed twenty-three (23) occurrences where the dose of controlled substances were not recorded on Bridge or in the chart; eleven (11) instances where drugs were not properly wasted; eight (8) occurrences of medications being withdrawn significantly before being administered (1-5 hours).

Probation 4/27/2012 to 4/27/2014

Owens, Pamela K.

Boonville, MO

Licensed Practical Nurse 019292

On October 10, 2008, Respondent was responsible for administering patients with their appropriate medications and treatment as ordered by their respective physicians. On October 10, 2008, Respondent administered two Vicodin to patient, P.S., that was not requested by the patient. On October 10, 2008, Respondent administered Roxanol to patient, P.S., that was not requested by the patient or ordered by the patient’s physician. The Roxanol was to be administered to patient, W.Y. On October 10, 2008, Respondent failed to perform an Accucheck on patient, P.S., at 8:00 p.m. On October 10, 2008, patient, W.Y. failed to receive her 6:00 p.m. dose of Roxanol or her 4:00 p.m. and 8:00 p.m. Albuterol treatments for her asthma. On October 10, 2008, Respondent failed to chart or administer to patient, W.Y. her ordered Oxycontin. On October 10, 2008, Respondent failed to give patient, W.D., her Lantus insulin. On October, 10, 2008, patient, M.L. failed to receive her blood sugar or insulin at 8:00 p.m. or her insulin at 4:30 p.m. On October 10, 2008, patients, D.J.C and D.R.C, failed to receive their 8:00 p.m. respiratory treatments. On October 10, 2008, Respondent failed to perform an Accucheck on patient, F.D., at 4:00 p.m. On October 10, 2008, Respondent also failed to give patient, S.M., her 4:00 p.m. and 8:00 p.m. blood sugar or her dose of Levemir and 3:00 p.m. insulin. On October 10, 2008, patient, H.S., failed to receive her 8:00 p.m. insulin. On October 10, 2008, Respondent failed to administer to patient, M.H., his Lantus insulin. On October 10, 2008, patient, S.W., failed to receive his Lantus insulin or his 8:00 p.m. Accucheck. Respondent taped a 20mg Oxycontin label to the card for .5mg Xanax with a Band-Aid. On December 20, 2008, Respondent sent a written statement to the Missouri State Board of Nursing. Respondent admits in her letter of December 20, 2008, that she gave the wrong medication to patient, P.S. and failed to administer medication to other patients. Respondent further admits in her letter of December 20, 2008, that she put a Band-Aid over a narcotic bubble pack.

Probation 5/15/2012 to 5/15/2014

Pich, Rachael Lynette

Pacific, MO

Licensed Practical Nurse 1999135734

Pursuant to the terms of Respondent’s probation, Respondent was to provide her employer with a copy of her Agreement and have the employer submit an employer evaluation to show that the employer had received a copy of the Agreement and that

PROBATION CONTINUED...

Respondent was complying with the Nursing Practice Act. If Respondent was unemployed, a statement indicating the periods of unemployment was required to be submitted by Respondent. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of January 26, 2012, which was the first date that an employer evaluation or statement of unemployment was due. The Board is, therefore, unable to determine whether Respondent has provided her employer with a copy of the Agreement and is complying with the Nursing Practice Act. In accordance with the terms of the Agreement, Respondent was also required to undergo a thorough evaluation performed by a licensed mental health professional and have the results submitted to the Board within six (6) weeks of the effective date of the Agreement. The date that this evaluation was due was December 7, 2011 and this date was provided to Respondent. The Board did not receive a thorough mental health evaluation submitted on Respondent’s behalf by the December 7, 2011, documentation due date.

Probation 5/7/2012 to 10/26/2014

Hare, Ami Margaret

Saint Louis, MO

Licensed Practical Nurse 2005006489

After a hearing on October 6, 2011, the AHC issued its decision on November 30, 2011, finding that Respondent had failed to properly document visits to patients for which the Board had cause to discipline. From February, 2008 until October, 2008, Respondent was employed as a licensed practical nurse with Home Health. Most of the patients served by Home Health were post-surgical patients. Respondent was responsible for changing dressings and assessing patients’ pain levels and documenting those tasks as well as other tasks. An audit was performed on Respondent’s patient charts. The audit revealed that the majority of Respondent’s charts were incomplete. The charts would contain the patient’s name, the date of the visit, the patient’s vital signs and the patient’s signature. No other entries were made. Respondent was verbally warned to complete her paperwork twice before the end of September 2008. Respondent failed to complete two (2) home visits without calling the home health agency on September 28 and 29, 2008. The agency discharged Respondent from employment on October 3, 2008; however, she was asked to come into the office to complete her paperwork on patients. Respondent did go into the office for an entire day to try to complete her paperwork, but did not fully complete it. The agency made several attempts to contact Respondent but was unsuccessful in making contact with her. On November 14, 2008, the agency sent Respondent a letter by certified mail notifying her that more than fifty (50) patient notes were either incomplete or missing. She was given one (1) more opportunity to complete the patients’ records. Respondent did not respond to the letter or complete the patients’ records. By failing to document theses tasks and/or failing to perform these tasks, Respondent compromised the level of care being provided to the patients.

Probation 4/19/2012 to 4/19/2013

Suspension/Probation

Morrissey, Erin K.

O Fallon, MO

Registered Nurse 123377

In or around September 2010, Licensee removed narcotics for patients in the recovery room at employer who were not assigned to her care contrary to policy and below the standard of care for a nurse. Licensee removed the narcotics for those patients hours prior to the patient arriving in the recovery room contrary to policy and below the standard of care for a nurse. Following the September 2010 investigation into these issues, Licensee admitted to the diversion of Morphine and Fentanyl, both controlled substances, for her own use. Licensee diverted the controlled substances for three or four months preceding the September 2010 investigation. As a result, Licensee entered out patient drug addiction treatment.

Count 2

At all relevant times herein for Count 2 of this Settlement Agreement, Licensee was employed by a facility. In or around June 2011, the facility conducted an investigation into the controlled substance medication administration by Licensee as a result of Licensee’s repeated presence on the Proactive Diversion Reports. The investigation also revealed that Licensee’s total administrations of controlled substances for the month of May 2011 was 241 while most nurses ranged between 70 and 126 administrations. For the month of July, Licensee had 584 administrations and the next closest nurse’s administration was 236. For the month of August, Licensee had 825 administrations and the next closest was 258. The investigation revealed that for the period June 23, 2011 to July 28, 2011, Licensee was more than plus-3 standard deviations above the mean for the hospital for the removal of Hydromorphone, Fentanyl, and Morphine from the Pyxis system. For the period July 28, 2011 to August 25, 2011, Licensee was again more than plus-3 standard deviations above the mean. Upon cleaning out her locker at her termination, the facility discovered multiple bottles of narcotics (controlled substances) in her locker including four vials of Morphine, 10 mg/ml; seven vials of Fentanyl, 50 mg/ml; one vile of Ondansetron, 4 mg/2 ml), three ampules of Demerol, 50 mg/ml and five ampules of Hydromorhone, 1 mg/ml. There were also nine open syringes in her locker, one of which had its cap on with the needle still attached and a bit of blood in it. There were also 15-20 Morphine caps in her locker. Licensee stated she kept a vial for scanning for her patients.

Suspension 4/5/2012 to 10/5/2012
Probation 10/6/2012 to 10/06/2017

Fischer, Danielle Renee
Fort Scott, KS

Registered Nurse 2010026793
On September 23, 2010, Licensee forged a prescription for Adderall 30 mg with two refills for herself. On October 8, 2010, Licensee forged a prescription for Adderall 20 mg for herself.
Suspension 3/14/2012 to 5/13/2012
Probation 5/14/2012 to 05/14/2015

Revocation

Fluellen, Remell
Saint Louis, MO

Licensed Practical Nurse 2004026326
In a decision issued on November 22, 2011, the Administrative Hearing Commission (AHC) granted the State Board of Nursing’s (Board) motion for summary decision upon a properly filed complaint by the Board and properly filed motion for summary judgment against the license of Respondent. The AHC found that the Board had cause to discipline Respondent’s license pursuant to ̈335.066.2 (5) and (12) RSMo Cum. Supp. 2010 due to Respondent intentionally failing to administer medication to a patient while documenting that it was administered. Respondent was employed as a licensed practical nurse by the Center from December 14, 2006 until November, 2008. On September 26, 2008, while the Center was being surveyed by the Department of Health and Senior Services, an investigator notified a supervisor that patient B.S., who was assigned to Respondent, had not received her IV Vancomycin. On September 26, 2008, Respondent was questioned regarding the IV Vancomycin not being administered to her patient, B.S. Respondent responded that she would administer the IV “in a minute.” Respondent had signed out the IV Vancomycin for B.S. and documented that she already administered the IV Vancomycin to B.S., when she had not done so. On September 26, 2008, a further review the medication room revealed that all five bags of IV Vancomycin that Respondent had documented administering to patient, B.S., were still in the room. Respondent had also failed to administer a breathing treatment to patient, B.S., per the doctor’s order. Respondent’s conduct resulted in the patient not receiving her medication and delayed care. Respondent failed to follow the physician’s orders with regard to B.S. Respondent’s employment with the Center was terminated.
Revoked 3/28/2012

Rohrer, Aleena Danielle
Saint Joseph, MO

Licensed Practical Nurse 2007026662
Effective December 27, 2011, Respondent entered into a Settlement Agreement (Agreement) placing her license on probation for a period of eighteen (18) months under specified terms and conditions. In accordance with the terms of the Agreement, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. During Respondent’s probation, Respondent has failed to call in to NTS on nineteen (19) days. Further, Respondent had been selected for random testing on June 27, 2011; October 11, 2011; and, January 17, 2012, but failed to report to a lab to provide the requested sample for testing. In addition, on November 18, 2011, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on November 18, 2011. In accordance with the terms of the Agreement, Respondent was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required unless use of the drug had been prescribed by a person licensed to prescribe such drug and with whom Respondent had a bona fide relationship as a patient. Respondent was employed with employer as licensed practical nurse from June 2010 until December 16, 2011, when she was discharged for testing positive for methamphetamine after a for-cause drug test was administered by her employer as a result of unusual behaviors Respondent had been exhibiting at work since December 10, 2011. On December 10, 2011, Respondent was unable to be located and overhead pages to reach her were unsuccessful. Respondent eventually appeared from an empty room, “sleepy eyed” and sounding as if she was congested. She completed her shift without incident. Respondent testified that she was with a patient and did not hear the pages. On December 11, 2011, Respondent requested to leave work early due to not feeling well. Respondent testified that this actually occurred on December 13, 2011. On December 13, 2011, co-workers witnessed Respondent lying on the floor at the nurse’s station crying and rolling from side to side. She stated that she was ill. On December 16, 2011, a drug test was administered which was positive for methamphetamine.
Revoked 3/28/2012

McKeown, Elizabeth Hope
Springfield, MO

Registered Nurse 2007007408
On November 21, 2008, Respondent’s registered professional nursing license # R55835 was disciplined by the Arkansas State Board of Nursing. The grounds upon which Arkansas imposed discipline constituted grounds for which suspension or revocation are authorized in this state. Respondent was employed as a registered nurse from June 20, 2007 until April 25, 2009. In the employee handbook it states that employees may not leave work without permission, waste time, loiter, or

REVOCATION CONTINUED...

sleep during working hours. On November 27, 2007, Respondent signed that she received and understood the facility policies. On April 25, 2009, resident, B.M. asked Respondent for a hug. Respondent gave the resident a hug then laid in the bed with resident. Respondent laid with her back to resident and resident had his arm around Respondent with it rested on Respondent’s chest and Respondent was rubbing resident’s arm. Respondent then fell asleep in resident’s bed. The State of Arkansas Board of Nursing disciplined Respondent’s license based upon Respondent diverting nalbuphine, a schedule II controlled substance, from her employer and for her conduct described above.
Revoked 3/28/2012

Barto, Martha E.
Trenton, MO

Licensed Practical Nurse 041079
Respondent was employed as a licensed practical nurse. During the time that Respondent was working as a nurse, Respondent developed a relationship of professional trust and confidence between herself and her employer, her co-workers, and her patients and their families. Respondent has a history of verbal and mental abuse of residents. Respondent was also observed intimidating staff and residents. On multiple occasions, Respondent verbally abused residents. Resident E. had diagnoses including depression, delirium and morbid obesity. Respondent informed the resident that once she reached 600 pounds, she would be discharged due to weight limitations for safe use of equipment. Resident E. was having a birthday party in honor of her 50th birthday. In August, 2006 Respondent cancelled her birthday party, and said that anyone who brought food in for the party would be asked to leave, and would be escorted off the property by police. Resident E became upset and begged the Respondent to have a birthday party. Respondent would take E’s food away on different occasions and would go through Resident E’s possessions accusing her of hiding her food, without Resident E’s consent. During a fire drill, staff observed the Respondent instructing the employees to “leave Resident E. in her room since her bed would not go through the door.” When staff questioned the Respondent about the real procedure in the event of a fire, Respondent said “pay attention, you shut her door and leave her there, she knows her fate, let her burn. She is too big and it would take too much time to get her out.” Resident E. was very upset upon hearing the Respondent talk about her like that. Staff reassured Resident E. that they would never let that happen to her even though the Respondent had instructed them to do that. Resident D complained that Respondent discriminated against her, she had no rights and was not allowed the same rights as other residents. Resident D’s son, her only visitor, was not allowed in the facility due to an argument between the Respondent and her son. During a meeting with the resident, Respondent threatened the resident by stating, “don’t cross me or I’ll have you out of here today.”
Revoked 3/19/2012

Slone, Mary Ellen
Salem, MO

Registered Nurse 2005028073
On December 17, 2010, the Administrative Hearing Commission issued an Order Granting Summary Decision in Part, finding that the Board had cause to discipline Respondent’s license for violation of the drug laws of the State of Missouri, possession of a controlled substance and due to pleading guilty to a crime for which the essential elements were fraud and dishonesty. The Board placed her license on probation for a period of five (5) years under certain terms and conditions. Pursuant to the terms of the Order, Respondent was required to contract with the Board’s third party administrator (TPA), currently National Toxicology Specialists (NTS), and participate in random drug and alcohol screenings. From the March 9, 2011, Order to the filing date of this amended complaint, Respondent has failed to call in to NTS on thirty-three (33) occasions. Further, on August 23, 2011; October 3, 2011; October 20, 2011; and again on December 12, 2011, Respondent called NTS and was advised that she had been selected to submit a sample for testing. Respondent failed to report to a collection site to provide a sample for testing. Further, on September 7, 2011, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on September 7, 2011. Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a notarized statement indicating the periods of unemployment. Respondent failed to submit an employer evaluation or statement of unemployment by the September 9, 2011 and December 9, 2011, documentation due dates.
Revoked 3/28/2012

Black, Elna I.
Joplin, MO

Registered Nurse 1999139667
The AHC found that the Board had cause to discipline Respondent’s license pursuant to ̈335.066.2(1), (5), (12), and (14) RSMo Cum. Supp. 2010 due to Respondent testing positive for morphine and Darvon, both controlled substances for which she did not have a valid prescription. In addition, she failed to administer and/or properly document administration medication to her patients on February 11, 2009. The AHC found cause to discipline her for violating drug laws, possession of a controlled substance in violation ̈195.202.1 RSMo, violation of a profession trust or confidence and her conduct rose to the level of misrepresentation, dishonesty and gross negligence in performing

Revocation continued on page 16



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Revocation continued from page 15

her duties as a licensed practical nurse. Respondent was employed as a registered professional nurse with center, from August 18, 2008 through March 4, 2009. On February 11, 2009, Respondent fell asleep in the medication room while on duty. After she woke, her speech was halting and slurred. Her walk was unsteady, and her movements were erratic. She also stumbled getting into her locker. On February 11, 2009, several discrepancies in Respondent’s patient’s charts. Those discrepancies are as follows: Respondent dispensed Oxycodone scheduled for 9:00 a.m., at 8:19 a.m. and at 10:25 a.m. for patient, R.J. Patient, R.J. failed to receive the Oxycodone at 8:19 a.m. but did receive it at 10:25 a.m. Respondent should have dispensed Viagra at 10:25 a.m. not Oxycodone. On February 11, 2009, Respondent failed to administer to patient, R.J. the 9:00 a.m. medications including: Lasix, Oxybutin, Paroxetine, Coumadine, Viagra, and Vasotec. Respondent dispensed Hydrocodone APAP 5-325 mg at 8:08 a.m. and 8:34 a.m. on February 11, 2009 for patient, T. L. Respondent indicated that she administered Nicoderm patch to patient, T.L., but reported that she did not receive such patch. The Nicoderm patch was found in the medication cart and was later administered by the manager. Respondent failed to document the administration of Hydrocodone APAP 5-325 mg to the patient E.N. Respondent also dispensed Celexa and Protonix from the accudose cabinet for patient, E.N. but failed to chart such removals. Respondent failed to chart if she administered Zovirax to patient, E.N. as prescribed by the physician. Respondent failed to dispense and administer Hydrocodone APAP and Toprol XL patient, S.N.F. Respondent initialed that at 8:00 a.m. and 9:00 a.m. that she administered the medication to the patient, patient, S.N.F., reports that she failed to receive her pain medications on February 11, 2009. Respondent dispensed Oxycodone HCL 5 mg. at 8:01 a.m. on February 11, 2009 for patient, D.P., but failed to administer or document the administration of the drug. Patient, D.P., did not receive Oxycodone HCL 5 mg that day. On February 11, 2009, Respondent was requested to submit to a drug test, which was positive for Morphine and Darvon. Respondent admitted she possessed and consumed morphine and Darvon on February 11, 2009. She did not have a valid prescription for either. Respondent was terminated for violation of its substance abuse policy. When interviewed by an investigator for the Board, Respondent also admitted on March 25, 2010, that she took the following medication on February 11, 2009: Morphine, Darvon, Xanax, Hydrocodone, Zyprexa, and Seroquel. Revoked 3/28/2012

Wolford, Dawn Marie

Webb City, MO

Licensed Practical Nurse 2008022143

The Board found that Respondent has not complied with the terms of the Order due to her non-compliance with calling NTS, failing to provide samples for random drug and alcohol screenings when selected, failing to have submitted employer evaluations or providing statements of unemployment if unemployed, and failing to complete required continuing education courses, all of which are terms and conditions required of her as a result of her actions of violating the drug laws of the State of Missouri. Revoked 4/4/2012

Medlin, Jennifer Marie

Greenfield, MO

Licensed Practical Nurse 1999140608

In a decision issued on November 15, 2011, the Administrative Hearing Commission (AHC) granted the State Board of Nursing’s (Board) motion for summary decision based upon a properly filed complaint by the Missouri State Board of Nursing (Board) against the license of Respondent and a properly filed motion for summary judgment. The AHC found that the Board had cause to discipline Respondent’s license pursuant to §335.066.2(1), (5), (12) and (14) RSMo Cum. Supp. 2010 due to Respondent diverting Norco and Xanax, controlled substances, from her employer while she was engaged in the practice of nursing. The AHC found cause to discipline her for violating drug laws, possession of a controlled substance in violation §195.202.1 RSMo, violation of a profession trust or confidence, and that her conduct rose to the level of misrepresentation, dishonesty, misconduct and incompetence in performing her duties as a licensed practical nurse. Respondent was employed as a licensed practical nurse with the Center at all times relevant herein. On January 30, 2008, Respondent was the only nurse with access to the medication room at the Center. On January 30, 2008, one medication card of Norco and one card of Xanax were discovered to be missing from the medication room. The Center conducted a thorough investigation and found that Respondent had altered 14 patient records pertaining to the administration of controlled substances. On February 5, 2008, Respondent met with an administrator, and admitted to diverting Norco and Xanax for her own personal consumption and altering patient records. Following Respondent’s meeting on February 5, 2008, Respondent agreed to enter into counseling and entered into a probationary contract for one year. On May 13, 2008, Respondent was allowed to begin accessing the medication room and medication carts again. On May 15, 2008, Respondent diverted two medication cards of Norco from an emergency kit for her own consumption. On May 15, 2008, Respondent resigned her employment with the in lieu of termination. Revoked 3/28/2012

Muiruri, Edward Mumira

Kansas City, MO

Licensed Practical Nurse 2010025788

On August 7, 2009, the Board issued an “Order of the State Board of Nursing Regarding Issuance of a Probated License to Edward Muiruri allowing Respondent to practice on the authority of a probated license. The discipline period began on July 26,

REVOCATION CONTINUED...

2010. Respondent was required to contract with the Board’s approved third party administrator, currently National Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. Respondent has failed to call in to NTS on twenty-one (21) days. Some of these missed calls were on consecutive dates. Further, on December 7, 2011, Respondent called NTS and was advised that he had been selected to provide a urine sample for screening. Respondent’s sample showed a creatinine reading of 10.7. On January 17, 2012, Respondent called NTS and was advised that he had been selected to provide a urine sample for screening. Respondent’s sample showed a creatinine reading of 9.7. A creatinine reading below 20.0 is suspicious for a diluted sample. Pursuant to the terms of Respondent’s probation, Respondent was to have submitted an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the January 26, 2012, documentation due date. Respondent was required to obtain continuing education hours covering the following categories: ‘Ethics of Nursing Practice’; Professional Accountability and Legal Liability for Nurses’; Missouri Nursing Practice Act’; ‘Disciplinary Actions: What every Nurse Should Know’ and submit proof of completion to the Board on or before February 13, 2012. The Board did not receive proof of any completed continuing education hours by the documentation due date. However, Respondent did submit proof of completion of the continuing education hours at the board meeting showing that the classes were completed on November 30, 2011 and December 1, 2011. Revoked 3/28/2012

Conner, Karla Cherie

Lake Annette, MO

Licensed Practical Nurse 2004030030

The AHC issued its Decision on December 27, 2011, finding that the Board had cause to discipline her license pursuant to §335.066.2(8) and (15) RSMo Cum. Supp. 2010 due to Respondent’s Texas license being revoked for failing to administer medication as ordered by a physician to numerous residents and for being placed on the Employee Disqualification List on September 21, 2010. On or about November 10, 2009, the Texas Board of Nursing revoked Respondent’s license for conduct during her employment with an employer in Texas. On or about September 21, 2010, the Respondent was put on the Employee Disqualification List (EDL) after an investigation related to Respondent’s borrowing money from the resident while employed at a facility. Revoked 3/28/2012

Gaylor, Jo Ann C.

Saint Louis, MO

Registered Nurse 130431

On November 3, 2011, the Administrative Hearing Commission (AHC) issued its Decision after a hearing held on August 22, 2011, finding that there was cause to discipline Respondent’s license for pleading guilty to stealing from resident trust funds of residents at the nursing home where she was employed. She was additionally placed on the Employee Disqualification List (EDL) maintained by the Department of Health and Human Services (DHSS). Gaylor-McKay was also licensed as a nursing home administrator (NHA). She was the NHA of the Center in St. Louis, Missouri. During 2003 and 2004 as the NHA Gaylor-McKay wrote numerous checks to petty cash on behalf of a number of residents, but used the funds to purchase items for her own personal use. After receiving a hotline report, the DHSS audited the Centers books in 2004 and discovered these irregularities. On April 18, 2007, Gaylor-McKay pled guilty in the St. Louis County Circuit Court to 18 counts of abuse of a person receiving health care by taking property pursuant to §191.905.6 RSMo and one count stealing by deceit pursuant to §570.030 RSMo. She was ordered to pay restitution totaling \$80,560.10. Revoked 3/28/2012

Hellman, Susan Y.

Kansas City, MO

Registered Nurse 135822

On July 8, 2011, a Probation Violation Complaint was filed. In accordance with the terms of the Order, placing Respondent’s license on probation. Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. On October 17, 2011, November 9, 2011, November 21, 2011, December 6, 2011 and December 19, 2011, Respondent called NTS was told she had been selected for random testing. Respondent failed to go to a collection site to submit the required sample on October 17, 2011; November 9, 2011; November 21, 2011; December 6, 2011; December 19, 2011; January 17, 2012; and, January 25, 2012. Respondent admitted to smoking marijuana but excused this because it was her birthday. Revoked 3/28/2012

Hannon, Christina Gayle

Kansas City, KS

Licensed Practical Nurse 2003001600

The Board placed Respondent’s license on probation for a period of time to end on August 17, 2013 under terms and conditions. In accordance with the terms of the Order, Respondent was required to contract with the Board’s approved third party administrator, currently National Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. Respondent has failed to call in to NTS on seven (7) days. Further, on May 12, 2011 and December 8, 2011, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a laboratory to provide

REVOCATION CONTINUED...

the requested sample. In accordance with the terms of the Order, Respondent was required to obtain continuing education hours covering the following category, among others: “Disciplinary Actions: What Every Nurse Should Know,” and have the certificate of completion for those hours submitted to the Board by December 8, 2011. As of this filing, the Board has not received proof of any completed hours for the category of “Disciplinary Actions: What Every Nurse Should Know;” however, the Board did receive proof completion of other continuing education hours required. Revoked 3/28/2012

Hall, Kenneth Q.

Olivette City, MO

Registered Nurse 112284

After a hearing before the Administrative Hearing Commission (AHC) the AHC issued its Decision on December 8, 2011, finding that the Board had cause to discipline his license pursuant to §335.066.2(5) RSMo Cum. Supp. 2010 due to Respondent refusing to perform an assignment, making a threatening gesture toward his supervisor and having an uncontrolled episode of crying and screaming while on duty as a nurse. Respondent was employed as a registered professional nurse at the Hospital from October 22, 2007 through December 17, 2007. On December 17, 2007, Respondent was working on the Adult Unit and was under the supervision of H.B., RN. One of Respondent’s duties as an RN was to process patient admissions. On December 17, 2007, H.B. requested that Respondent conduct a patient admission on a patient that was being admitted to their unit. H.B. wanted Respondent to prepare the paperwork for admitting the patient to gain more experience since he was having some problems with the paperwork. Respondent became agitated with H.B. and told her he was not doing any admissions, although he said he was willing to do his other routine night duties. H.B. contacted S.B., Director of Nursing, to explain the situation. Respondent discussed the matter with S.B. as well. It was decided that Respondent would not have to do the first admission but that Respondent would need to do complete the next one. Shortly thereafter, another new patient needed to be admitted. H.B. told Respondent he would have to do this patient admission and Respondent refused. H.B. informed Respondent that admissions were a part of his job and he would have to clock out if he refused to do the admission. Respondent jumped from his chair and lunged forward with a pen in his hand in a threatening manner. Respondent then threw himself back into the chair and started screaming and crying. H.B. and another nurse were able to roll Respondent in his chair into the consult room behind the nurse’s station. Security guards and the Sheriff’s Department were called and came to help control the matter. Respondent resigned as a nurse the Hospital. However, he was terminated from employment the next day. Revoked 3/28/2012

Lutman, Catherine Ann

Leadwood, MO

Licensed Practical Nurse 2007029965

Respondent entered into a Settlement Agreement (Agreement) with the Board effective September 9, 2011, placing her license on probation for three (3) years. In accordance with the terms of the Agreement, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Respondent has failed to call in to NTS on eighty-six (86) days since the beginning of her probation through January 30, 2011. Respondent stopped calling NTS on November 6, 2011 and has not called NTS consecutively through January 30, 2011, which is the latest update received from NTS regarding participation history as of the filing of the complaint. Further, Respondent had been selected for random testing on October 20, 2011, but failed to report to a collection site to provide a sample for testing. In addition, since Respondent failed to call NTS the entire month of December, 2011 and January 2012, she also did not appear for random testing on December 12, 2011; December 28, 2011; January 5, 2012; and, January 10, 2012. Pursuant to the terms of Respondent’s probation, Respondent was also required to provide her employer with a copy of the Agreement informing her employer her license was on probation with the Board and to have the employer submit an employer evaluation to prove that the employer was made aware she was on probation and that she was complying with the terms and conditions. If Respondent was unemployed, a statement indicating the periods of unemployment was required to be submitted in lieu of an employer evaluation. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of December 9, 2011, (nor anytime thereafter), which was the first date that the employer evaluation or statement of unemployment was due to the Board. Pursuant to the terms of the Agreement, Respondent was required to cause updates of treatment evaluations from a chemical dependency professional to be submitted to the Board by the due dates provided to her. The Board did not receive an updated treatment evaluation by the December 9, 2011 due date nor has the Board received an evaluation anytime thereafter. Respondent was additionally required to submit proof of regular attendance in a twelve-step program or other group meetings by the due dates. The Board did not receive proof of attendance in a twelve-step program by the December 9, 2011 due date nor has the Board received any proof of attendance in a support program any time thereafter. Respondent has ceased complying with any of the terms and conditions of her probation since November 5, 2012, the last date that called NTS. Revoked 3/28/2012

Revocation continued on page 17

Moore, Tonya Marie
West Terre Haute, IN
Registered Nurse 2006016787

On March 28, 2011, Respondent signed and thereby agreed to enter into a Settlement Agreement (Agreement) with the State Board of Nursing. Pursuant to that Agreement, Respondent's license was placed on probation for two (2) years. Pursuant to the terms of Respondent's probation, Respondent was to provide a copy of the Agreement to her employer and to have submitted an employer evaluation from every employer by specific due dates provided to her. If Respondent was unemployed, a statement indicating the periods of unemployment was required to be filed by Respondent in lieu of the employer evaluations. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of October 17, 2011 and January 16, 2012.

Kearbey, Amy Lou
Elsinore, MO
Licensed Practical Nurse 045066

Respondent entered into a Settlement Agreement with the Board, which went into effect on December 27, 2011, placing her license on probation for a period of two (2) years. In accordance with the terms of the Agreement, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Respondent was advised that she needed to contract with NTS by January 25, 2012. Respondent did not complete the contract process with NTS by January 25, 2012, and has not completed the contract process as of the date of the filing of this complaint. Respondent was additionally required to have submitted a thorough chemical dependency evaluation to the Board by February 6, 2012. The Board did not receive a chemical dependency evaluation by February 6, 2012 and has not received one as of the filing of this complaint. Additionally, in accordance with the Agreement, Licensee shall not violate the Nursing Practice Act, Chapter 335, RSMo, shall renew her license immediately and shall not allow her license to lapse. Respondent's Missouri nursing license expired May 31, 2010 and remains lapsed at this time. Respondent has neither completed nor started to complete any of the terms and conditions of her probation.

Revoked 3/28/2012

Thiede, Melissa Mary
East Lyme, CT
Registered Nurse 2000167167

The Board placed Respondent's license on probation for a time period to run concurrently with her probation with the

REVOCATION CONTINUED...

Connecticut State Board of Nursing with terms and conditions which included compliance with the terms and conditions placed upon her license by the Connecticut State Board of Nursing and proof of compliance submitted to the Missouri State Board of Nursing. In accordance with the terms of the Order, Respondent was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required unless use of the drug had been prescribed by a person licensed to prescribe such drug and with whom Respondent had a bona fide relationship as a patient. On September 29, 2011, Respondent tested positive for benzodiazepines. Benzodiazepines are a controlled substance pursuant to §195.017 RSMo, as amended. Respondent did not have a current, valid prescription for Benzodiazepines. Testing positive for a controlled substance is a presumption of illegal possession pursuant to §324.041 RSMo as amended.

Revoked 3/28/2012

Frazee, Janette R.
Nixa, MO
Registered Nurse 130184

In case number 2010-000551, Respondent entered into a Settlement Agreement (Agreement #1) with the Board, which went into effect on December 3, 2010, agreeing that her license was subject to discipline. Her license was placed on probation for a period of two (2) years under specified terms and conditions. In case number 2010-006815, Respondent entered into a Settlement Agreement (Agreement #2) with the Board, which went into effect on April 28, 2011, agreeing that her license was subject to discipline. In accordance with the terms of Agreement #1 and Agreement #2, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day. During Respondent's probationary period, Respondent failed to call in to NTS on February 2, 2012. She had been selected for testing that day; thus, failed to report to a collection site to provide the required sample. Further, on December 17, 2010; March 23, 2011;

REVOCATION CONTINUED...

January 25, 2012; and, February 2, 2012, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on each of those dates. Respondent believed that she failed to provide a sample for screening on December 7, 2010 rather than December 17, 2011 because she did not have her testing kits yet. The evidence does show that she failed to provide a required sample on December 7, 2010 and not on the December 17, 2010 date alleged in the complaint. She did fail to provide a required sample on March 23, 2011, January 25, 2012 and February 2, 2012; however, the violation that occurred on March 23, 2011 occurred prior to her probationary term beginning in case number 2010-006815 and is not found to be a violation of her probation in that case. As part of the terms of her disciplinary period in both cases, Respondent was required to completely abstain from the use or consumption of alcohol in any form regardless of whether treatment was recommended. On January 10, 2012, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent admitted to Dr. Greg Elam, Medical Review Officer with NTS, that she had consumed her mother's over-the-counter cough syrup and had used hand sanitizers, which would be consistent with the amount of EtG detected in her system; however, her actions violate the terms of her probation to completely abstain from the use and/or consumption of alcohol in any form. Additionally, again on February 7, 2012, Respondent reported to a collection site to provide a sample and the sample again tested positive for EtG. Respondent admitted to Dr. Elam that she had been taking human chorionic gonadotropin drops (HCG) for the past three (3) weeks. HCG drops contain alcohol. Respondent informed Dr. Elam that the pharmacist told her that HCG contained natural ingredients, but she did not do any research to determine what ingredients were in HCG or whether consuming this product would be a violation of her probation.

Revoked 4/18/2012

Revocation continued on page 18

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Revocation continued from page 17

Gilford, Kelly Renee

Belleville, IL

Licensed Practical Nurse 2011023798

On July 22, 2011, the Board issued its Order Granting a Probated License to Kelly Gilford as a result of discipline imposed by the State of Illinois Nursing Board as a result of patient abuse. Pursuant to the terms of Respondent’s probation, Respondent was required to provide a copy of the Order to her employer and have submitted an employer evaluation from every employer to show the employer was aware that Respondent was on probation and document proof of compliance with the terms or conditions of her probation. If Respondent was unemployed, an affidavit indicating the periods of unemployment was required to be filed. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of October 24, 2011 and January 23, 2012; thus, the Board cannot determine whether she has informed her employer, if she is employed, that her license is on probation with the Board. Respondent testified that she did not realize that she had to send in statements for times when she was unemployed. However, Respondent then testified that she was employed during the months of October and December when the evaluations were due. She then later testified that she thought that the evaluations only needed to be sent if she was employed in Missouri. However, she did admit that the terms of the Order were clear that evaluations were due from each and every employer. Respondent additionally denied that her nursing license in Illinois was suspended or subject to further discipline. However, the executive director of the Board testified on rebuttal that the Illinois Nursing Board website and NURSYS website both reflected that Respondent’s Illinois nursing license is currently suspended.

Revoked 3/28/2012

Bentrup, Elaina Jacquetta

Fenton, MO

Registered Nurse 2008008474

Respondent’s license was placed on probation for a period of four (4) years. Pursuant to the terms of the Agreement, Respondent was required to submit a chemical dependency evaluation to the Board within six (6) weeks of the effective date of the Agreement. In accordance with the terms of the Agreement, Respondent was also required to undergo a thorough evaluation performed by a licensed mental health professional and have the results submitted to the Board within six (6) weeks of the effective date of the Agreement. The evaluation was due to the Board by January 25, 2012. The Board did not receive a thorough mental health evaluation or chemical dependency evaluation by January 25, 2012. Additionally, in accordance with the terms and conditions of the Agreement, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Respondent has failed to call NTS on four (4) occasions in January 2012. Respondent did undergo inpatient treatment and is receiving follow-up treatment; however, she testified that her treating physicians have not yet regulated her medication and that the medications are affecting her. She stated that she could not sleep if she did not take her medications and slept frequently when on the medications. Respondent also

REVOCATION CONTINUED...

testified that some of these medications make her forgetful and “jumble her thoughts.”

Revoked 3/28/2012

Hill, Kimberly D.

Liberty, MO

Registered Nurse 123825

Respondent’s license was placed on probation for a period of three (3) years. Respondent failed to call in to NTS on six (6) days. In addition, on July 19, 2011, Respondent was selected to provide a sample and that sample showed a low creatinine reading of 16.8. In accordance with the terms of the Settlement Agreement and Order, Respondent is required to abstain completely from the use or consumption of alcohol. On January 13, 2012, Respondent submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol. Respondent admitted that she had consumed two (2) mixed drinks consisting of rum and Diet Coke the evening prior to the test in a hot tub in order to relax because work was stressful that day and her daughter needed assistance. Respondent admitted that she was aware that consuming alcohol was in violation of the terms and conditions of her probation. Respondent completed one (1) year of probation with the State of Kansas Nursing Board.

Revoked 5/23/2012

Crane, LaTika Abril

Kansas City MO

Licensed Practical Nurse 2002019922

Respondent entered into a Settlement Agreement (Agreement) with the Board, effective January 25, 2011, placing her license on probation for a period of one (1) year under specific terms and conditions.

In accordance with the terms of the Order, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day and report to a collection by 4:00 p.m. that day, if she was chosen to provide a sample. Respondent was also required to comply with the Nursing Practice Act. Respondent has reported to a collection site and had a low creatinine reading on two (2) occasions. On October 17, 2011, the creatinine reading was 9.1. On December 7, 2011, the creatinine reading was 11.0. A creatinine level below 20.0 creates a suspicion that the sample provided has been diluted. Further, on November 7, 2011, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the required sample. On November 8, 2011, Respondent telephoned the Board and spoke with a paralegal for the Board, and stated that she was in the hospital, could not bear weight on her legs, had coded and could not submit a sample for testing. She was informed to send in proof that she was hospitalized. Respondent replied that her license means nothing to her at this point. Respondent replied in the affirmative when asked if she wished to surrender her license. On January 3, 2012, Respondent telephoned the Board and spoke

REVOCATION CONTINUED...

with the Board’s discipline administrator. Respondent stated that she had been robbed at gun point and her nursing license, driver’s license, and Social Security card were stolen. She stated she did not have any checks or credit cards to order more forms and would send in a copy of the police report. On January 27, 2012, the Board received faxed documents from Respondent that included a copy of what appears to be a general informational pamphlet and survey from the Kansas City, Kansas, Police Department and medical records from St. Luke’s Health System. The medical records from St. Luke’s Health System included a discharge summary from St. Luke’s Health System indicating that Respondent was admitted to the hospital on November 7, 2011 for bilateral lower extremity numbness and released with a discharge diagnoses of right thigh pain of uncertain etiology - possible strain; decreased right patellar reflex of uncertain etiology; chronic narcotic use for chronic pain syndrome; anxiety; and, osteoporosis. During her hospitalization, she was given IV fluids, morphine sulfate, lorazepam, and prochlorperazine. Respondent then required bagging by a respiratory therapist and responded to Narcan. A urine drug test was done which was positive for methadone, opiates, and tricyclic antidepressants. It was suspected that she had gotten overmedicated and strained her right thigh/hip, which caused her transient symptoms. It was recommended that she follow up with her primary physician prior to continuing methadone in case she had sensitivity causing over sedation. Respondent was discharged on November 8, 2011. Additionally, on December 28, 2011, the Board received an employer evaluation faxed from Respondent’s former employer stating that Respondent had not worked for that facility since August 3, 2011. An Employee Incident Report was also attached which stated that reports had been received that Respondent had fallen asleep on the job on several occasions. An investigation was conducted and employer learned that Respondent was on medications that caused drowsiness, but Respondent had failed to inform her employer of her medications or that the medications would cause drowsiness. Respondent was placed on administrative suspension until she could prove her fitness for duty. Respondent’s actions at her employer violate the Nursing Practice Act by violating professional trust and confidence of her employer, co-workers and patients in violation of 8335.066.2(12) RSMo as amended. Respondent’s actions at her former employer also violate the provisions of 8335.066.2(1) RSMo as amended in that Respondent used controlled substances to an extent that such use impaired her ability to perform the essential functions of a licensed practical nurse. Respondent admitted that she had a drug screen in the hospital that tested positive for methadone, opiates and a tricyclic antidepressant and that she required bagging by a respiratory therapist and Narcan in the emergency room.

Revoked 4/18/2012

Bronskill, Erin E.

Fenton, MO

Registered Nurse 2008008476

Respondent entered into a Settlement Agreement (Agreement) with the Board, which went into effect on August 23, 2011. Her license was placed on probation for a period of four (4) years under specified terms and conditions with which she agreed to comply. In accordance with the terms of the Agreement, Respondent was required to undergo a thorough evaluation

Revocation continued on page 19

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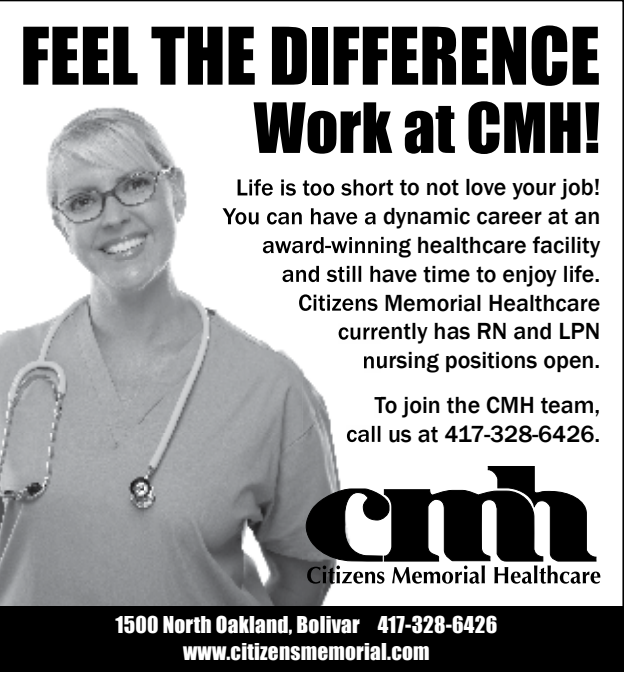


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Revocation continued from page 18

performed by a licensed mental health professional and have the results submitted to the Board within six (6) weeks of the effective date of the Agreement. The evaluation was due to the Board on or before October 4, 2011. Pursuant to the terms of the Agreement, Respondent was also required to submit a chemical dependency evaluation to the Board within six (6) weeks of the effective date of the Agreement, which was also due to the Board on or before October 4, 2011. Both evaluations were required to contain a description of the tests performed and test results among other requirements. The Board received a report dated October 1, 2011; however, this report did not comply with the requirements set forth in the Agreement as it contained no testing and relied solely upon Respondent’s self-serving statements. In that report, however, Respondent did admit to using heroin within thirty (30) days prior to seeing the clinician. Respondent was notified by the Board’s discipline administrator that the evaluation submitted did not comply with the requirements set forth in her Agreement and was instructed to obtain one that did comply. The Board did not receive a thorough chemical dependency evaluation or mental health evaluation until February 16, 2012.

Respondent admitted to having a relapse and using heroin in August 2011 but denied that her license was on probation at that time. She testified that was the last time that she had used controlled substances and that she is trying to remain clean and sober. The evaluation that she submitted on February 16, 2012, stated that Respondent was in early recovery and the risk of relapse is a “relatively more likely occurrence.” He noted that Respondent should absolutely abstain from the use of alcohol and other mood altering substances; regularly attend community based support group meetings at least three (3) times per week; be frequently tested for drug and alcohol use for five (5) years; and, “no longer be permitted to handle or dispense any medications which could become drugs of abuse.” The evaluation also noted that Respondent had received treatment for chemical dependency three (3) times in the past but had relapsed by using heroin despite that treatment. Respondent is not safe to perform her duties and functions of a registered professional nurse based upon the guarded recommendation in her chemical dependency evaluation about her ability to safely practice at this time as a registered professional nurse and her most recent relapse in August 2011 by using heroin. As a nurse in a patient setting, she would have access to controlled substances regardless of whether she was allowed to dispense those substances.

Revoked 4/18/2012

Browder, Patricia Lynn
Kansas City, MO
Registered Nurse 2005003148

Respondent entered into a Settlement Agreement (Agreement) effective May 11, 2010, placing her license on probation under specified terms and conditions for a period of three (3) years. In accordance with the terms of the Order, Respondent was required to contract with the Board’s third party administrator, currently National Toxicology Specialists, Inc. (NTS) to participate in random drug and alcohol screenings. Respondent has failed to call in to NTS on thirteen (13) days. Further, on April 20, 2011, Respondent reported to a collection site and submitted a sample for screening which had a creatinine reading of 12.5. Dr. Elam, Medical Review Officer with NTS, contacted Respondent about the low creatinine reading in April 2011, shortly after the test. On August 5, 2011, Respondent reported to a collection site and submitted a sample for screening which had a creatinine reading of 18.8. On September 22, 2011, Respondent reported to a collection site and submitted a sample for screening which had a creatinine reading of 13.4. On December 12, 2011, Respondent reported to a collection site and submitted a sample for screening which had a creatinine reading of 11.7. Creatinine readings below 20.0 are suspicious for a sample being diluted in an attempt to “fool” a drug and alcohol test so that the test will not have positive results. Pursuant to the terms of Respondent’s probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. Respondent failed to timely submit statements of unemployment by the documentation due dates of February 11, 2011 and May 11, 2011. The employer evaluations due on February 11, 2011 and May 11, 2011 were not received until May 19, 2011.

Revoked 3/28/2012

Marlow, Pamela A.
Farmington, MO
Licensed Practical Nurse 040848

On October 4, 2011, the Administrative Hearing Commission (AHC) issued a “decision” finding cause for the Board to discipline the nursing license of Respondent for being grossly negligent in documentation of medications. Respondent made several medication errors in her medication sheet during the course of her duties at her employer and she documented the administration of one medication an hour after she had left her shift. All of these events occurred on April 29, 2009. Respondent has a history of using prescribed controlled substances and was in a rehabilitation facility in Arkansas for three (3) months. Respondent’s actions as described in paragraph 4 constitute gross misconduct according to the AHC and give cause for discipline pursuant to §335.066.2(5) RSMo Cum. Sup. 2011. Respondent provided no testimony as to what she did at employer. Respondent testified that she had undergone a couple of brain surgeries in 2007 and again in 2009 and at that time was prescribed medications to help with headaches. After the second surgery sometime in March 2009, Respondent had a severe headache and received a prescription for thirty (30) Lortabs and consumed all thirty (30) tablets within twenty-four (24) hours. Respondent was admitted to a hospital in Fenton, Missouri after overdosing on her prescribed medications. Respondent received treatment

REVOCATION CONTINUED...

for substance abuse at a treatment center in Arkansas for three (3) months. Respondent testified that despite previous brain surgeries and multiple medications she still has headaches. She has to focus on other activities to try and cope with the pain. Respondent testified that her present employer does not know about this complaint or her past experience with rehabilitation. Respondent was also very evasive in her answers to the Board. Respondent failed to accurately document all medications withdrawn and/or administered. Respondent has a duty to properly chart the administration and/or wastage of medications to her patients. Respondent failed to properly chart the administration and/or wastage of medications to her patients. As a nurse, Respondent was responsible for accurately documenting the administration and/or wastage of medications.

Revoked 4/18/2012

Clifford, Janice
St Peters, MO
Registered Nurse 063161

Respondent entered into a Settlement Agreement (Agreement) with the Board, which went into effect on February 4, 2010, placing her license on probation for a period of four (4) years under specified terms and conditions. In accordance with the terms of the Agreement, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day. Additionally, pursuant to the terms of the Agreement, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on six (6) days. Further, Respondent was notified that she had been selected for random testing on November 15, 2011, but failed report to a collection site to submit a sample for testing. In addition, on November 29, 2011, December 2, 2011 and January 5, 2012, Respondent failed to call NTS; however, all three (3) dates were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on November 29, 2011, December 2, 2012, and January 5, 2012.

Revoked 4/18/2012

Bramell, Lindy Erin
Lowry City, MO
Licensed Practical Nurse 2009032877

Respondent was required to contract with the Board’s approved third party administrator, currently National Toxicology Specialists, Inc. (NTS) and participate in random drug and alcohol screenings. Respondent has failed to call NTS on sixteen (16) days. In addition, Respondent had been selected for random testing on November 3, 2011 and December 28, 2011, but failed to report to a lab to submit the required sample for testing. Pursuant to the terms of Respondent’s probation, Respondent was also required to have submitted an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment

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REVOCATION CONTINUED...

by the documentation due date of October 26, 2011. An employer evaluation dated November 1, 2011, was received by the Board on November 7, 2011. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of January 26, 2012.

Revoked 3/28/2012

Tillery-Gilder, Amy L.
Mountain View, MO
Licensed Practical Nurse 056534

The Administrative Hearing Commission (AHC) issued a decision on March 2, 2011 finding that the Board had cause to discipline Respondent’s license for stealing a controlled substance from her employer. Specifically, the AHC found that Respondent was found with 114 tablets of Hydrocodone, a controlled substance, for which she had taken from her employer and falsely documented that she had wasted the tablets. The AHC found that her conduct gave cause for discipline violating drug laws of the State of Missouri, specifically §195.202.1 RSMo.; constituted misconduct and dishonesty; and, violated professional trust and confidence of her employer under §335.066.2(1), (5), (12) and (14) RSMo as amended. After a hearing before the full Board on June 2, 2011, the Board issued its Findings of Fact, Conclusions of Law and Disciplinary Order (Order) on June 13, 2011, placing her license on probation for a period of three (3) years under specified terms and conditions based upon the conduct found by the AHC and considering the evidence presented at the disciplinary hearing before the Board. In accordance with the terms of the Order, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology

Revocation continued on page 20

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Revocation continued from page 19

Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day. During Respondent’s probationary period, Respondent failed to call in to NTS on one (1) day, October 21, 2011. In accordance with the terms of the Order, Respondent was required to undergo a thorough evaluation performed by a licensed mental health professional and have the results submitted to the Board within six (6) weeks of the effective date of the Agreement and follow any further treatment recommendations and provide proof to the Board that she was compliant with recommended treatment on dates previously provided to her. The mental health evaluation recommended further treatment in the form of individual therapy and to remain compliant with medications. The Board did not receive follow-up documentation from the mental health professional or proof that she was receiving individual therapy by the September 13, 2011 and the December 13, 2011, documentation due dates. Respondent testified that she was not currently receiving individual therapy and had not at any point after her mental health evaluation received any individual therapy.
Revoked 4/18/2012

Hooper, Molly Elizabeth
Hazelwood, MO
Licensed Practical Nurse 2005032597

The AHC issued its Decision on October 26, 2011, finding that the Board had cause to discipline her license pursuant to §335.066.2(5), (8), and (12) RSMo Cum. Supp. 2010 due to Respondent failing to chart the administration or otherwise account for disposition of lorazepam, hydrocodone, and codeine for five separate patients while she was acting as a vocational nurse. On or about April 2, 2008, the California State Board of Nursing revoked Respondent’s nursing license for signing out controlled substances for five separate patients and failing to chart or otherwise account for their disposition.
Revoked 3/28/2012

Coleman, Penny L.
Kearney, MO
Registered Nurse 2003018971

On October 31, 2011, the Administrative Hearing Commission (AHC) issued its Decision finding that there was cause to

REVOCATION CONTINUED...

discipline Respondent’s license for unlawfully possessing alprazolam, a controlled substance pursuant to §195.017.8(2)(a) RSMo as amended. On June 10, 2010, Respondent submitted to a drug screen that was positive for Alprazolam. She submitted to the drug test because she felt strange and did not think she should stay at work and care for patients. Respondent did not have a valid prescription for Alprazolam on June 10, 2010 or any time relevant herein. Respondent was terminated as a result of the above-referenced conduct. Respondent sent the Board a letter stating she resigned her current position, no longer has an RN license and no longer wishes to continue nursing.
Revoked 3/28/2012

Talley, Patricia L.
Rossville, GA
Licensed Practical Nurse 054980

The AHC issued a Decision on December 1, 2011, incorporating its Decision of November 22, 2011, finding that the Board had cause to discipline Respondent’s license pursuant to §335.066.2 (12) RSMo Cum. Supp. 2010 due to Respondent failing to assess and evaluate a suicidal patient while acting in her professional capacity as a licensed practical nurse. Respondent was employed as a licensed practical nurse with a care center at all relevant times herein. Respondent was aware of the care center’s policy regarding patients who attempt suicide, which provides that if a patient talks about suicide or attempts suicide, that patient should be evaluated and a psychologist should be notified. On January 31, 2010, Respondent was the charge nurse on the hall she was assigned to work that evening. On January 31, 2010, resident, D.B., in the hall placed a plastic bag over her head and stated that she wanted to kill herself. On January 31, 2010, the door to the medication room was broken. Respondent did not evaluate, D.B., as she felt she could not leave the door of the medication room unattended. However, after the door was fixed, Respondent still did not evaluate D.B. Respondent did not notify the administrator of the facility concerning the incident involving resident, D.B. Respondent did not notify anyone with a psychology background, as required by facility policy concerning the incident involving resident, D.B. Respondent did not order another nurse to evaluate resident, D.B.
Revoked 3/28/2012

Voluntary Surrender

Smith, Anne M.
O Fallon, MO
Registered Nurse 062441

As part of her employment, Licensee signed the Community Partner Referrals (CPRs) which are care plans provided to

the Department of Health and Senior Services (DHSS) from a residential facility for approval as a facility by DHSS. In March 2011, DHSS investigated the facility for a separate issue concerning. During the investigation, an elderly resident informed DHSS that she received her medications from a woman named Anne. DHSS was concerned because residents should not need their medication passed from an employee of the facility if it is an independent care facility. During the investigation, it was determined that Licensee passed medication. During the investigation, it was also determined that Licensee was listed as a resident and had a care plan, including medications. As a result of a finding by the Circuit Court of St. Charles County of need because she was incapacitated and/or disabled, Licensee also had a legal guardian during the time she was employed at the facility and had no legal authority to sign legal documents or contracts. Licensee defined her duties at the facility as admission assessments, checking physician orders every month, administration of tuberculosis tests, wound care, injections, teaching aides, teaching people to be insulin certified trained, and on the job training. Licensee’s legal guardian understood Licensee’s duties to be reviewing and filing medical records. Licensee was listed as the only registered professional nurse at the facility. Several residents stated that Licensee provided them care but it was “pretty poor.” While at the facility, Licensee was signing legal documents in addition to administering medication.
Voluntary Surrender 3/19/2012

Terry, Cheri W.
Springfield, MO
Licensed Practical Nurse 032597

On multiple occasions between December 2006 and April 2008, Licensee called in fraudulent prescriptions to two pharmacies for Phentermine and Hydrocodone, from her personal cell phone. Licensee used the names of various doctors that she worked with at her employer’s place of business. Phentermine and hydrocodone are controlled substances. Licensee did not have a valid prescription for Phentermine or hydrocodone. None of the doctors whose information Licensee used authorized the prescriptions and Licensee did not have authorization from those doctors to call in prescriptions. Licensee’s conduct, as described herein, constitutes misconduct, fraud and dishonesty in the performance of the duties and functions of a nurse. Licensee’s conduct, as described herein, also constitutes a violation of a professional trust or confidence. Licensee’s conduct, as described herein, constitutes a violation of the drug laws of the State of Missouri.
Voluntary Surrender 4/13/2012

Irvin, Kristyn Michelle
Bethalto, IL
Registered Nurse 2009006172
On May 30, 2012, Licensee voluntarily surrendered her Missouri Nursing License. Voluntary Surrender 5/30/2012

Voluntary Surrender continued on page 21

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Donley, Callie Denean
Clarkton, MO
Registered Nurse 2007029628

On January 11, 2012, Licensee pled guilty in the Circuit Court of Dunklin County, Missouri, in case number 11DU-CR 01236, to the class C felony of Statutory Rape - 2nd Degree, in violation of 6366.034 RSMo. Licensee was sentenced to six (6) years in the Department of Corrections, Division of Adult Institutions, with execution of that sentence suspended. Licensee was placed on three (3) years supervised probation by the Board of Probation and Parole.
Voluntary Surrender 4/20/2012

Pool, Della
Seneca, MO
Registered Nurse 121751

Licensee was employed as a registered nurse with employer at all times relevant herein. On July 29, 2010 Licensee had a Record of Corrective Action. The Level of Corrective action was Minor Corrective (Oral). Licensee received the July 29, 2010 Record of Corrective Action because on July 19, 2010 Licensee failed to change a dressing that was scheduled to be changed during her shift for a patient assigned to Licensee and on July 21, 2010 Licensee failed to prepare a patient for surgery causing the surgery crew to wait on the patient. On October 14, 2010, Licensee received a Record of Corrective Action. The Corrective action was at the Serious Corrective Action Level. Licensee received the October 14, 2010 Record of Corrective Action, which included:
September 6, 2010, no shift assessment was completed on patient B.M., a patient assigned to Licensee.
September 6, 2010, no nurses' notes on seven patients assigned to Licensee.
September 12 and 13, 2010, no nurses' notes on patient M.M., a patient assigned to Licensee.
September 13 and 14, 2010, no nurses' notes on seven patients assigned to Licensee.
September 19, 2010, no nurses' notes during the shift for any patients assigned to Licensee. No documentation on wound vacuum as required.
October 12, 2010, no patient assessment documented on two patients assigned to Licensee.
October 12, 2010, medication omission, insulin for a patient assigned to Licensee.
Concern was reported about incomplete report to the oncoming shift.
On March 18, 2011, at 23:49 Licensee withdrew Fentanyl 100Mcg, a controlled substance, for patient S.P. Licensee documented the administration of 50 mcg at 01:57 on March 19, 2011. Licensee did not document the administration or waste of the remaining 50 mcg. On March 16, 2011, at 20:39 Licensee withdrew one Zolpidem 5 mg tablet for M.S. Licensee documented the administration of 2.5 mg of Zolpidem at 2215. Licensee did not document the administration or waste of the remaining 2.5 mg. On March 18, 2011, at 20:29 Licensee withdrew two capsules of Temazepam 15 mg, a controlled substance for patient J.W. Licensee documented the administration of 30 mg of Temazepam to J.W. at 21:29. Licensee documented the return of two capsules of Temazepam 15mg at 23:37. The return was witnessed by a staff member J.B.W. On March 19, 2011, at 03:14 Licensee withdrew Fentanyl 100Mcg, a controlled substance, for patient S.P. Licensee documented the administration of 50 mcg at 03:15 on March 19, 2011. Licensee did not document the administration or waste of the remaining 50 mcg. On March 22, 2011, at 22:10 Licensee withdrew one Zolpidem 5 mg, tablet, a controlled substance, for patient N.S. Licensee documented the administration of 2.5 mg of Zolpidem at 22:05. Licensee did not document the administration or waste of the remaining 2.5 mg. On March 25, 2011, at 20:29

VOLUNTARY SURRENDER CONTINUED...

Licensee withdrew Morphine 10 mg, a controlled substance, for patient E.F. Licensee documented the administration of 2 mg at 20:32. Licensee did not document the administration or waste of the remaining 8 mg. On March 17, 2011, at 04:01 Licensee withdrew Lorazepam 2 mg, a controlled substance, for patient D.W. Licensee documented the administration of 1 mg at 04:03. Licensee did not document the administration or waste of the remaining 1 mg. Employer terminated Licensee on April 7, 2011 as a result of the incidents described above.
Voluntary Surrender 5/24/2012

Candler, John David
Lamar, MO
Licensed Practical Nurse 2009032083

On May 9, 2012, Licensee voluntarily surrendered his Missouri nursing license.
Voluntary Surrender 5/9/2012

Varble, Mary K.
Salisbury, MO
Licensed Practical Nurse 022084

While working the evening of November 30, 2010, and into the morning hours of December 1, 2010, employer assigned Licensee to care for Resident. Resident X had a physician order for "Dilaudid 4 mg, IM x1 dose for migraine" which was ordered on November 30, 2010. On December 1, 2010 at 0100, Licensee administered 10 mg/1 ml IM of hydromorphone to Resident X. The physician order with the hydromorphone vial clearly says, "inject 4 mg (.04 ml) intramuscularly one time only for Resident X. Hydromorphone is the generic name for Dilaudid. Licensee admitted that she had never given Dilaudid. At no time did Licensee call another nurse, the physician or the resident care coordinator for assistance with administering the Dilaudid to Resident X. Licensee states that she did ask another nurse on the unit who also was unsure of what to do, but Licensee did not call anyone with knowledge of administering the Dilaudid to Resident X prior to administering the Dilaudid to Resident X. Resident X was found unresponsive at 11:00 a.m. and taken by ambulance to the hospital, where she expired on December 4, 2010. Her cause of death was respiratory failure. When interviewed by the employer and a Board investigator, Licensee admitted that she had made a medication error after being confronted with the error.
Voluntary Surrender 4/26/2012

Kutmas, Lorie A.
Neosho, MO
Registered Nurse 120376

On March 21, 2012, Licensee voluntarily surrendered her Missouri Nursing License.
Voluntary Surrender 3/21/2012

Mason, Sarah
Camdenton, MO
Registered Nurse 096614

Licensee admitted that she diverted controlled substances for her own personal use from a facility in Camden County. Prior to her employment with the facility in Camden County, Licensee resigned her nursing position from the a different hospital facility on February 13, 2010, after an audit of her record keeping revealed multiple charting discrepancies with regard to medication administration.
Voluntary Surrender 5/11/2012

Vahlkamp, Suzan
Quincy, IL
Registered Nurse 136703
On April 26, 2012, Licensee voluntarily surrendered her Missouri nursing license.
Voluntary Surrender 4/26/2012

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